

# RECORDING MEASUREMENT FORM

## RESPIRATIONS FORM:

**Resident's Name:** *(Do not need to complete for test)*

**Date:** *(Do not need to complete for test)*

**RECORD RESPIRATIONS**

\_\_\_\_\_ /minute

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**Candidate's Signature**

# RECORDING MEASUREMENT FORM

## PULSE FORM:

**Resident's Name:** *(Do not need to complete for test)*

**Date:** *(Do not need to complete for test)*

**RECORD PULSE**

\_\_\_\_\_ /minute

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**Candidate's Signature**

# RECORDING MEASUREMENT FORM

## MANUAL BLOOD PRESSURE FORM:

**Resident's Name:** *(Do not need to complete for test)*

**Date:** *(Do not need to complete for test)*

**RECORD BLOOD PRESSURE**

\_\_\_\_\_/\_\_\_\_\_ mm Hg

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**Candidate's Signature**

# RECORDING MEASUREMENT FORM

## INTAKE AND OUTPUT (I & O) FORM:

**Resident's Name:** *(Do not need to complete for test)*

**Date:** *(Do not need to complete for test)*

INTAKE			
Time	Type (oral, IV or tube feeding)	Amount in ml (or cc's)	Initials

OUTPUT			
Time	Type (urine, emesis, drainage or diarrhea)	Amount in ml (or cc's)	Initials

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**Candidate's Signature**

# RECORDING MEASUREMENT FORM

## FOOD & FLUID INTAKE FORM

**Resident's Name:** *(Do not need to complete for test)*

**Date:** *(Do not need to complete for test)*

Intake	Amount of Food Eaten	Amount of Fluid Intake
<b>Check one:</b> <input type="checkbox"/> MEAL  <input type="checkbox"/> SNACK	<b>Check one:</b> <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50%  <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<b>Check one:</b> <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50%  <input type="checkbox"/> 75% <input type="checkbox"/> 100%

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**Candidate's Signature**