

**ELECTRONIC SIGNATURE LOG**

MR #: \_\_\_\_\_

Visit type:     SOC     ROC     Recert     Discharge     Routine

Date: \_\_\_\_\_ Time In: \_\_\_\_\_:\_\_\_\_\_ Time Out: \_\_\_\_\_:\_\_\_\_\_

Patient's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Vitals:    BP \_\_\_\_\_ / \_\_\_\_\_    T \_\_\_\_\_    P \_\_\_\_\_    R \_\_\_\_\_

O2 \_\_\_\_\_%    Pain: \_\_\_\_\_    BS \_\_\_\_\_    Date of last BM \_\_\_\_\_

**AGENCY PARAMETERS:**

- ❖BP Systolic >170 or <90
- ❖BP Diastolic >90 OR <60
- ❖Temperature >101 OR <96
- ❖Pulse >120 OR <60
- ❖Respirations >22 OR <10
- ❖Oxygen Sats <90%
- ❖Pain rating 7 or above
- ❖Blood Sugar: >350 mg/dl before meals and/or > than 350mg/dl two (2) hours after meals or FSBS < 70 mg/dl.

*\*\*You are responsible to report all vitals to the physician that are outside of parameters! Please also document conversation.\*\**

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title:     RN     LPN     PT     PTA     OT     COTA     ST     CNA/HHA     MSW

Clinician's Name: \_\_\_\_\_

Clinician's Signature: **X** \_\_\_\_\_

*Do not forget to sign the Interdisciplinary Communication Record in the patient's folder!*

Patient's Signature: **X** \_\_\_\_\_