



BEDSIDE MONITORING GUIDELINE

This document is a guideline only to be used as an aid to comprehensive Inservice training.

NAME:

HOSPITAL:

DATE:

ALIAS OR:

| | P | P N | A N |
|-----------------------|----------|------------|------------|
| A. OBSERVATION | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |

P P N A N

| | P | P N | A N |
|---------------------------------------|---|-----|-----|
| | | | |
| 5. SPO2 | | | |
| 6. NON-INVASIVE BLOOD PRESSURE (NIBP) | | | |

| | P | P N | A N |
|-----|---|-----|-----|
| | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |

| | P | P N | A N |
|---------------------------------------|---|-----|-----|
| 21. | | | |
| C. AD ANCE F NC ION | | | |
| 1. DISPLA | | | |
| 2. IN A E BLOOD PRESSURE (IBP1-8)* | | | |
| 3. CO2* | | | |

| | P | P N | A N |
|-----------------|---|-----|-----|
| 5. 6 | | | |
| 6. 12 LEAD* | | | |

| | P | P N | A N |
|--------------------------|---|-----|-----|
| D. O HER F NC ION | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| E. REMO E IE | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| F. ALARM A CH | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |

| | P | P N | A N |
|------------------------------|---|-----|-----|
| F. ALARM A CH (CON .) | | | |
| 6. | | | |
| G. IN ERFACING | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| H. MAIN ENANCE | | | |
| 1. | | | |