

Detoxification Observation – Vital Signs Check Log**Instructions for Completion of this form****Return completed form to the address below:**

Licensing and Certification Division
SUD Licensing and Certification Section
PO Box 997413, MS 2600
Sacramento, California 95899-7413
Email: LCDSUDApplication@dhcs.ca.gov

Do Not Leave any questions, boxes, lines, or fields blank. Enter N/A if not applicable.

Please Note: Read all the instructions included on this form carefully and complete each item requested. For additional information regarding licensure of a residential alcoholism or drug abuse recovery or treatment facility providing alcoholism or drug abuse treatment or recovery services, please review Health and Safety Code section 11834.01 et seq. For additional information regarding the certification of an alcohol and other drug program providing alcohol and other drug (AOD) services, please review Health and Safety Code section 11832 et seq. This form can be used for licensure of a residential alcoholism or drug abuse recovery or treatment facility and/or certification of an alcohol and other drug program. Accordingly, terminology applicable for licensure (including “resident” and “facility”) and terminology applicable for certification (including “client” and “program”) are both referenced within this form.

This form should be completed for each resident or client receiving detoxification services.

During the first seventy-two (72) hours following admission of a resident or client for detoxification services, staff or a HCP shall perform a vital signs check including blood pressure, pulse oximetry, heart rate, and respiratory rate, at least once every six (6) hours.

Resident/Client Name – Enter the first and last name of the resident or client.

Admission Date – Enter the date the resident or client was admitted to the facility or program.

Admission Time – Enter the time the resident or client was admitted to the facility or program.

Date – Enter the date of the vital signs check.

Time – Enter the time of the vital signs check.

Blood Pressure – Enter the resident or client’s blood pressure reading.

Pulse Oximetry – Enter the resident or client’s pulse oximetry.

Heart Rate – Enter the resident or client’s heart rate.

Respiratory Rate – Enter the resident or client’s respiratory rate.

Comments – Enter any additional comments regarding the resident or client, if needed.

Printed Full Name of Staff or HCP – Enter the first and last name of the staff or HCP that performed the vital signs check.

Initial – Enter the initials of the staff or HCP that performed the vital signs check.

Resident/Client Name:							Admission Date:	Admission Time:	
Date	Time	Blood Pressure	Pulse Oximetry	Heart Rate	Respiratory Rate	Comments	Full Name of Staff or HCP		Initial

Use additional pages as necessary.