



Wooster Community Hospital Community Care Network Electronic House Call Alert Values

Patient's Name: _____

DOB: _____

Physician: _____

A CCN Core Team member will call or visit your patient for any abnormal readings.

Blood Pressure

Notify physician if:

Systolic range _____ (low) _____ (high) after _____ # times

Diastolic range _____ (low) _____ (high) after _____ # times

Heart Rate

Notify physician if _____ (low) _____ (high) after _____ # times

SPO2

Notify physician if _____ % _____ # times

Weight

Notify physician of weight gain of _____ or more pounds in 24 hours or _____

Notify physician of weight loss of _____ or more pounds in 24 hours or _____

Blood Glucose Monitoring

Notify physician of BG below _____ or above _____ for _____ # times

Fever

Notify physician if temperature is _____ or above for _____ # times

Notify physician if temperature is _____ or below for _____ # times

Physician Signature

Date

Please fax complete form back to CCN office at 330.263.8498