

Sullivan County Department of Public Health

<u>Title:</u> Vital Signs	Original Approval: 1989
<u>Number:</u> CP-11	Reviewed/ revised: 9/99, 9/05, 9/08, 3/12, 9/13, 11/13, 4/17, 5/22, 5/24
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Statement/ Purpose:

To establish guidelines for obtaining patient vital signs- including pulse, pulse oximeter, temperature, and blood pressure.

Authority:

Application:

All SCDPH CHHA clinicians

Terminology:

Responsible Party:

Training and Quality Improvement Coordinator

Cross-Reference:

Hand hygiene

Procedure:

Blood Pressure

Blood pressure should be assessed at each home visit unless otherwise specified in the plan of care. Each patient should have individualized parameters outlined in the plan of care as established by the provider. If the clinician receives a reading outside the range in the plan of care, they must notify the provider for further instructions. Communication with the provider is documented in the electronic medical record.

1. Perform hand hygiene
2. Explain the procedure to the patient
3. The patient may lie in supine position, sit, or stand during blood pressure measurement. Extend and support the arm.
4. Instruct/ assist the patient in rolling up the sleeve to expose the upper arm. Turn the palm of the hand up. Place the upper arm at the level of the patient's heart.
5. Position yourself so that you have direct and clear visibility of the sphygmomanometer.
6. Attach the cuff according to manufacturer's guidelines- 1-2 inches above the bend in the arm. The center of the cuff should be directly in line with the descending brachial artery.
7. Remove air from the cuff.
8. Insert the earpieces of the stethoscope into your ears.
9. Palpate the brachial artery.
10. Place the diaphragm of the stethoscope directly above the brachial artery. Do not allow the stethoscope to touch anything else. Secure the stethoscope's position by holding it firmly against the skin.

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11. Close the valve on the bulb of the cuff. Pump the cuff up to a point about 10 mm above the anticipated systolic sound.
12. Open the valve on the pump, slowly and evenly.
13. Listen carefully and remember the numerical point at which you heard the first beat.
14. As the air is slowly released, listen for the regular continued beats.
15. Listen for the first muffled sound. Record the numerical point at which the sound ceases.
16. Deflate cuff completely and remove from the patient's arm.
17. Document results in patient's Electronic Medical Record.
18. Report any abnormality to the patient's provider.

Pulse

1. Perform hand hygiene
2. Explain the procedure to the patient
3. Locations of pulse:
 - a. Radial
 - i. Place the patient's re at their side or across their trunk with the wrist extended and palm of hand turned upward.
 - ii. Place 2 fingers along the radial artery at the wrist.
 - b. Femoral
 - i. Place the patient in supine position
 - ii. Expose groin area. Locate the femoral ring near sartorius muscle and press down firmly with 2 fingers.
 - iii. Since this pulse is frequently taken to assess quality of circulation to the lower extremities, the color and temperature of both lower extremities should be noted in addition to the pulse.
 - c. Carotid
 - i. Expose the side of the patient's neck below the ear lobe.
 - ii. Gently slide 2 fingers into the groove in the side of the neck and press down lightly.
 - d. Apical Pulse
 - i. Place the patient in supine position. Expose the chest to the bottom of the rib cage.
 - ii. Place a stethoscope on the left chest wall about three inches to the left of the sternum and slightly below the nipple (between the 4th, 5th and 6th ribs).
 - iii. Count the pulse of a full minute.
 - e. Pedal Pulse
 - i. Expose the top of both feet.
 - ii. Locate the dorsalis pedis artery. Draw an imaginary line from mid-ankle to the space between the great and second toes. Place 2 fingers along that line and press down gently over the bony structure.
 - iii. Assess pulse for volume and regularity. Assess the color and temperature of the feet.
4. Count the number of pulsations felt for thirty seconds and multiply by two to obtain the pulse rater. An irregular pulse or a pulse with abnormal volume should be counted for a full minute.
5. Perform hand hygiene
6. Document findings in the patient's Electronic Medical Record.
7. Report any abnormality to the patient's provider.

Respiration

1. Perform hand hygiene.

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2. Place a hand on the patient's wrist as though you were taking a radial pulse.
3. Count the number of times the patient's chest rises and falls in 30 seconds. Count the rising and falling as a unit of action. Multiply by 2.
4. If there are irregularities in the rate or rhythm, count the respirations for one full minute. If the patient is under two years of age, count respirations for a full minute.
5. Perform hand hygiene
6. Document findings in patient's Electronic Medical Record.
7. Report any abnormality to the patient's provider.

Temperature

1. Perform hand hygiene.
2. Explain the procedure to the patient.
3. Cleanse thermometer with alcohol prep pad.
4. Temperature location:
 - a. Oral
 - i. Apply protective sheath over thermometer
 - ii. Place thermometer under patient's tongue
 - iii. Hold in place until thermometer beeps.
 - b. Temporal
 - i. Lift up hair and/or wipe any moisture away from the forehead, if necessary
 - ii. Turn the thermometer on
 - iii. Hold thermometer toward the center of the forehead, about ½ to 2 inches away from the forehead (or as directed by manufacturer's guidelines).
 - iv. Keeping the head still, press the trigger or button to take a temperature reading.
5. Note and record patient's temperature.
6. Cleanse thermometer with alcohol prep pad.
7. Perform hand hygiene
8. Document findings in the patient's Electronic Medical Record.
9. Report any abnormality to the patient's provider.

Pulse Oximeter

1. Perform hand hygiene.
2. Explain the procedure to the patient.
3. Cleanse pulse oximeter with alcohol prep pad.
4. Choose a well-perfused finger that best fits the sensor.
5. Open the clamp, insert the finger, nail side up, into the oximeter, and close the clamp.
6. Press the button on the front panel to turn the meter on and wait for a reading.
7. Once the reading is obtained, remove the finger and clean the sensor with an alcohol prep pad.
8. Document findings in the patient's Electronic Medical Record.
9. Report any abnormality or reading outside parameters to patient's provider.

*No nor use on an extremity simultaneously with a blood pressure cuff or intravascular catheter. Fingernail polish/ false nails may cause inaccurate readings.