

Vital Sign Return: Instructor Review

For each procedure, always: explain, wash hands, (gloves prn), privacy, position & document

Temperature:

*Read mercury thermometer

- Oral
 - Placement: either side of frenulum
 - Mercury: 2-3 minutes
 - Document: 98.6
- Axillary
 - Placement: if moist, pat dry, place in center of axilla, skin on skin
 - Mercury: 6-9 minutes
 - Document: 98.6 Ax
- Tympanic:
 - Placement: Pull pinna: (adult: up & back); (child <3yrs: back & down), point probe slightly anteriorly, to eardrum
 - Document: 98.6 T
- Rectal
 - Placement: gloves, place pt in left lateral or Sim's, lubricate therm, low deep breath during insertion, never force. Insert adults: 1 1/2"; child: 1"
 - Mercury: 2-3 minutes
 - Document: 98.6 R

If temp too high, too low, inconsistent, recheck or with another therm

Pulse:

Peripheral:

Sites: brachial, radial, carotid, femoral, popliteal, posterior tibial, dorsalis pedis (pedal)

- Use 2-3 middle fingertips (no thumb)
- Count: 15 seconds X 4
 - If 1st time: full minute
 - If irregular: do apical 1 minute
- Document:
 - Rate
 - Rhythm: regular, irregular
 - Volume: 1+ (weak), 2+ (normal), 3+(bounding/strong)

Apical:

Apical impulse/PMI: 5th intercostals space & MCL, client sit or supine, place stethoscope on skin

- Clean & warm diaphragm in palm, place earpieces slightly forward & tap finger to ensure proper side
- Count: if regular: 30 seconds X 2
 - If irregular: 60 seconds
- Document:
 - Rate
 - Site: brachial/apical
 - Rhythm: regular/irregular
 - Strength: strong or weak

Apical Radial: for peripheral circulation or pulse deficit

- 2 nurse technique: 1 counts radial, the other apical for 60 seconds; start & stop at same time
- one nurse technique: count each for 60 seconds
 - Document: Rate, Site, rhythm, pulse deficit (= apical-radial)

Respirations (resting)

Be sure pt is unaware: watch chest rise or place hand over chest while taking pulse

- Count: If reg: 30 seconds X 2
 - If irregular: 60 seconds
- Document:
 - Rate
 - Depth: normal, deep, shallow
 - Rhythm: regular, irregular
 - Character: silent & effortless, labored, wheeze, etc.

Blood pressure

- Assess pt: No smoke or caffeine within 30 minutes
- Position: sit: feet flat on floor, arm slightly flex, palm up, forearm at heart level
- Cuff size: bladder is 40% of arm circumference or 20% wider than diameter or midpoint of limb
 - Placement: evenly around, bladder over artery & 1" above antecubital
- Palpatory Systolic BP: (for initial exam) prevents underestimation of systolic & overestimation of diastolic
 - Palpate brachial or radial artery, close valve completely, pump up slowly, remember # that pulse disappears, release pressure completely, wait 1-2 minutes (or false high systolic reading)
 - Take BP: avoid tubes from rubbing, use bell (low-frequency) or diaphragm, (hold with thumb & index finger)
 - Pump cuff 30mm Hg above remembered #, release valve at 203 mm Hg/second, read systolic & diastolic, deflate completely,
 - if need to retake, wait 1-2 minutes; no more than 10 mm Hg between arms should be found. Take BP on higher arm
 - Document: 2 or 3 pressures and site (RA, RT, LA, LT)
- Thigh: prone or supine, knee slightly flexed, may do palpatory SBP. Adults: thigh SBP is 20-30 mm Hg than brachial

📱 Read measuring O2 saturation