

## 2.46 Vital Signs

### Supplies

- Thermometer
- Probe covers for thermometer
- Blood pressure cuff
- Stethoscope
- Watch or clock with a second hand
- Gloves
- Sanitizing wipes
- Paper and pen

### Procedure

#### Blood pressure

1	Resident should be lying or sitting (with legs uncrossed), sleeve rolled up loosely, or with the upper arm exposed
2	Clean earpieces and diaphragm (large, flat part of the bell-shaped end) of the stethoscope with an alcohol wipe and wash hands or use hand sanitizer
3	Wrap cuff around upper arm, not too tight, one inch above the elbow. Make sure the appropriate cuff size is used
4	The cuff typically has an arrow or other indicator to indicate where to place the cuff over brachial artery (above inner elbow)
5	The gauge should be visible and either attached to the cuff or positioned in a stable location (e.g., on table)
6	Place stethoscope diaphragm over brachial artery (above the inner elbow) and insert earpieces into your ears, hold the stethoscope in place with your fingers; <b>do not use thumb</b>
7	Secure the pressure bulb by twisting the valve towards you in a clockwise direction

8	Begin pumping the bulb, listen for a heartbeat, and then continue pumping an additional 30 mg/mmHg above the last time you hear a heartbeat
9	Slowly release the valve by twisting away from you or counterclockwise
10	The upper number, systolic, is the numeric reading on the gauge when you hear the <b>first</b> heartbeat
11	The lower number, diastolic, is the measurement on the gauge when you hear the <b>last</b> heartbeat
12	Write down the reading and if unsure, wait two minutes before taking the blood pressure again
13	Remove the cuff and replace the resident's sleeve, if necessary. Wash hands or use hand sanitizer
14	Clean the earpieces and diaphragm with an alcohol wipe
15	Document in the resident's record: Date, time results
16	Notify the nurse supervisor immediately if the systolic reading is greater than 140 or below 90 <b>or</b> if the diastolic reading is above 90 or below 60
<b>Temperature - Oral</b>	
1	Make sure the resident has had nothing to eat or drink within the past 5 minutes
2	Wash hands or use hand sanitizer, as appropriate
3	Place a new probe cover over probe end (the end that goes in the resident's mouth)
4	Turn the device on and insert the probe under the resident's tongue
5	When device alerts or beeps, remove the probe and write down the reading
6	Remove the probe cover; if touching the used probe cover, ensure gloves are being worn (most devices have a disposal method that does not require touching contaminated probe cover). Wash hands or use hand sanitizer, as appropriate
7	Sanitize the device using a sanitizing wipe (unless contraindicated by the device manufacturer) and following wait times indicated by the manufacturer on the sanitizer wipes bottle

8	Document in the resident record: Date, time, reading, and route taken (oral)
9	Notify the nurse if the reading is above 100.5 degrees Fahrenheit (when taken orally)
<b>Temperature - Tympanic</b>	
1	Wash hands or use hand sanitizer, as appropriate
2	Place a new probe cover over probe end (the end that goes in the resident's ear)
3	Turn the device on and insert the probe in the start of the resident's ear canal
4	When the device alerts or beeps, remove the probe and write down the reading
5	Remove the probe cover; if touching the used probe cover, ensure gloves are being worn (most devices have a disposal method that does not require touching contaminated probe cover). Wash hands or use hand sanitizer, as appropriate
6	Sanitize the device using a sanitizing wipe (unless contraindicated by the device manufacturer) and following wait times indicated by the manufacturer on the sanitizer wipes bottle
7	Document in the resident record: Date, time, reading, and route taken (oral)
8	Notify the nurse if the reading is above 100.5 degrees Fahrenheit (when taken tympanically)
<b>Temperature - Axillary</b>	
1	Wash hands or use hand sanitizer, as appropriate
2	Place a new probe cover over probe end (the end that goes in the resident's armpit)
3	Turn the device on and insert the probe firmly in the resident's armpit
4	When the device alerts or beeps, remove the probe and write down reading
5	Remove the probe cover; if touching the used probe cover, ensure gloves are being worn (most devices have a disposal method that does not require touching the contaminated probe cover). Wash hands or use hand sanitizer, as appropriate

6	Sanitize the device using a sanitizing wipe (unless contraindicated by the device manufacturer) and following wait times indicated by the manufacturer on the sanitizer wipes bottle.
7	Document in the resident record: Date, time, reading, and route taken (axillary)
8	Notify the nurse if the reading is above 99.5 degrees Fahrenheit (when taken axillary)
<b>Pulse</b>	
1	Make sure the resident has not exercised in the past five minutes
2	Wash hands or use hand sanitizer, as appropriate
3	Have resident sit or lie down
4	<p><b>Radial Pulse:</b> use your index and middle finger to find the pulse on the inner wrist, in line with base of thumb. Press lightly.</p> <p><b>Carotid Pulse:</b> Use your index and middle finger to find the pulse on the resident's neck, just to the side of the Adam's apple. Press lightly.</p> <p><b>Apical Pulse:</b> Clean stethoscope ear pieces and diaphragm with alcohol wipes. Place the stethoscope diaphragm on the resident's skin on the left side of chest, midway between the nipple and the breast bone, two inches below the nipple. Press the stethoscope diaphragm lightly against the chest.</p>
5	Once the pulse is found in the appropriate location, count the heartbeat for one full minute; document reading on paper
6	Clean the stethoscope ear pieces and diaphragm with alcohol wipes, then wash hands or use hand sanitizer, as appropriate
7	Document the results in the resident record: Date, time, and reading
8	Notify the nurse supervisor if the pulse/heart rate reading is above 100 beats per minute or below 50 beats per minute.
<b>Respirations</b>	
1	Make sure the resident has not exercised in the past five minutes; if so, wait five minutes. <b>Note:</b> exercise includes walking

2	Wash your hands or use hand sanitizer, as appropriate
3	Watch resident's chest rise and fall, count the number of respirations (breaths) taken in one minute, using the clock or watch to track the time
4	Write down the results
5	Wash or sanitize hands, as appropriate
6	Document in the resident record: Date, time and results
7	Notify the nurse if respirations are over 20 or under 12 in one minute