

**VITAL SIGNS**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

	Points Possible	Points Earned
<b>EXAMINATION STEPS AND PROCEDURES</b>		
Takes or verbalizes body substance isolation precautions	1	
<b>Blood Pressure (palpation):</b>		
Apply blood pressure cuff 1" above the antecubital space <ul style="list-style-type: none"> <li>• not over clothing</li> <li>• snug fit</li> <li>• center bladder over artery</li> </ul>	1	
Palpate radial or brachial artery	1	
Inflate cuff rapidly to at least 20mm Hg above the point where the pulse is lost	1	
Slowly deflate the cuff	1	
Report / record palpable systolic blood pressure when the pulse returns (margin + / - 4mm Hg)	1	
<b>Blood Pressure (auscultation):</b>		
Apply blood pressure cuff 1" above the antecubital space <ul style="list-style-type: none"> <li>• not over clothing</li> <li>• snug fit</li> <li>• center bladder over artery</li> </ul>	1	
Hyperextend extremity and palpate brachial artery	1	
Place diaphragm of stethoscope over brachial artery	1	
Inflate cuff rapidly to at least 20mm Hg above palpated blood pressure	1	
Slowly deflate the cuff	1	
Report / record auscultated blood pressure (margin + / - 4mm Hg)	1	
<b>Pulse:</b>		
Palpate with 2 fingers (index and middle) over the radial artery	1	
Count palpated pulse for a minimum of 15 seconds and multiply times 4 (Auscultate infants apical heart rate for one minute)	1	
Assess the following: <ul style="list-style-type: none"> <li>• Rate</li> <li>• Rhythm (regular / irregular)</li> <li>• Quality (strong / weak)</li> </ul>	1 1 1	
Report / record pulse findings	1	
<b>Respiration's:</b>		
Observe rise and fall of the chest or abdomen	1	
Count respiratory rate for at least 15 seconds and multiply times 4	1	
Assess the following: <ul style="list-style-type: none"> <li>• Rate</li> <li>• Rhythm (regular / irregular)</li> <li>• Quality (shallow, deep, normal)</li> </ul>	1 1 1	
Report / record respiration findings	1	

VITAL SIGNS continued

Student Name \_\_\_\_\_

Date \_\_\_\_\_

	Points Possible	Points Earned
<b>EXAMINATION STEPS AND PROCEDURES</b>		
<b>Skin Signs (assess the following):</b>		
Skin color: (observe the patient) <ul style="list-style-type: none"> <li>• Normal</li> <li>• Cyanosis</li> <li>• Jaundice</li> <li>• Ashen</li> <li>• Paleness</li> <li>• Flushing</li> </ul>	1	
Skin Temperature: (touch the patient) <ul style="list-style-type: none"> <li>• Normal (warm)</li> <li>• Cool</li> <li>• Cold</li> <li>• Hot</li> </ul>	1	
Skin Moisture: (touch the patient) <ul style="list-style-type: none"> <li>• Normal</li> <li>• Moist</li> <li>• Diaphoretic</li> </ul>	1	
<b>TOTAL</b>	<b>27</b>	

*Minimum Points: 21*

**CRITICAL CRITERIA**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Did not palpate / auscultate blood pressure
- \_\_\_\_\_ Did not verbalize rate, rhythm, quality of pulse
- \_\_\_\_\_ Did not verbalize rate, rhythm, quality of respiration's
- \_\_\_\_\_ Did not verbalize color, temperature, moisture of skin signs

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

Instructor \_\_\_\_\_