

PERFORMANCE CHECKLIST

Name _____

Measuring Combined Vital Signs

(Oral Temperature, Pulse, Respirations and Blood Pressure)

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign at end of blood pressure checklist. Skill mastery must be demonstrated prior to direct patient contact.

Equipment: Watch with second hand, electronic, tympanic, or glass thermometer and covers, gloves, notepad and pen, manual **OR** electronic sphygmomanometer with correct sized cuff, stethoscope, antiseptic pads.

Note: **TO BE USED ONLY AFTER INDIVIDUAL SKILLS PROCEDURES HAVE BEEN SUCCESSFULLY MASTERED.**

- _____ 1. Assemble equipment.
- _____ 2. Knock before entering room.
- _____ 3. Address resident by name.
- _____ 4. State your name and title.
- _____ 5. Identify resident.
- _____ 6. Explain procedure and obtain permission. Assure resident has not had hot or cold substances in mouth.
- _____ 7. Wash hands and put on gloves if contamination possible.
- _____ 8. Provide privacy.
- _____ 9. Position resident in sitting or lying position, providing for comfort and safety.

Measuring Oral Temperature with Glass Thermometer

Equipment: Glass oral thermometer, sheaths, tissues, notepad and pen, gloves.

- _____ 1. If soaking in disinfectant, rinse thermometer with cold water and dry with tissue.
 - _____ 2. Check thermometer for chips and cracks.
 - _____ 3. Shake mercury down and place thermometer in sheath, if available.
 - _____ 4. Place bulb end of thermometer under tongue and ask that resident keep mouth and lips closed.
 - _____ 5. Leave in mouth for 3 minutes or as directed.
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- _____ 6. Remove thermometer, holding stem end. Remove sheath and discard or wipe thermometer with tissue from stem toward bulb.
 - _____ 7. Read thermometer.
 - _____ 8. Shake mercury down and replace thermometer in container.
 - _____ 10. Record resident's name and temperature on notepad.
 - _____ 11. Remove gloves. Wash hands only if contamination occurred.
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Measuring Temperature with Electronic Thermometer

Equipment: Electronic thermometer, disposable probe cover, notepad and pen.

Note: Follow manufacturer's directions that accompany each type and brand of thermometer to ensure correct usage.

- _____ 1. Remove blue probe from stored position and insert into disposable probe cover.
- _____ 2. Insert covered probe into mouth.
- _____ 3. Hold probe in place.
- _____ 4. Wait for signal indicating temperature reading is complete.
- _____ 5. Remove probe, eject and discard probe cover. Do not touch cover.
- _____ 6. Return probe to its stored position.
- _____ 7. Record resident's name and temperature on notepad.

Counting Radial Pulse and Respirations

- _____ 1. Position so that hand and arm are resting comfortably.
- _____ 2. Place tips of first three fingers on radial artery.
- _____ 3. Count pulse for 30 seconds and multiply by 2. If pulse is irregular, take for one full minute.
- _____ 4. Leave fingers in place.
- _____ 5. Count respirations for 30 seconds and multiply by 2. If irregular, count for one full minute.
- _____ 6. Record pulse and respirations on notepad.

Measuring Combined Vital Signs Continued with:

Measuring Manual Blood Pressure – Next Page.

Measuring Manual Blood Pressure

Equipment: Manual sphygmomanometer with correct sized cuff, stethoscope, antiseptic pads, notepad and pen.

Note: Follow manufacturer's directions that accompany each type and brand of manual sphygmomanometers to ensure correct usage.

- ___ 1. Bare arm.
- ___ 2. Extend arm and rest level with heart, palm upward on bed or table.
- ___ 3. Loosen valve on bulb and expel any remaining air from cuff by squeezing cuff.
- ___ 4. Locate brachial artery.
- ___ 5. Wrap cuff snugly around upper arm, one inch above elbow, with arrow on cuff over brachial artery.
- ___ 6. Position manometer so numbers can be read easily. Base of mercury manometer must be kept flat.
- ___ 7. Clean stethoscope earpieces and place in ears. Keep diaphragm within easy reach.
- ___ 8. Palpate radial artery and inflate cuff 20 - 30 mm Hg beyond point where pulse was last felt.
- ___ 9. Immediately place diaphragm of stethoscope directly over brachial artery.
- ___ 10. Deflate cuff at even rate of 2-4 mm per second by turning valve counterclockwise.
- ___ 11. Note point on scale where first sound heard (systolic reading).
- ___ 12. Note point where sound disappears or changes (diastolic reading).
- ___ 13. Deflate cuff completely and remove from arm.
- ___ 14. Clean earplugs and bell/diaphragm of stethoscope with antiseptic pad.

Measuring Electronic Blood Pressure

- ___ Wrap cuff snugly around upper arm, one inch above elbow, with arrow on cuff over brachial artery.
- ___ Follow manufacturer's directions for cuff inflation/deflation and reading of results.
- ___ 15. Record blood pressure reading on notepad.
- ___ 16. Provide for comfort with call signal in reach.
- ___ 17. Wash hands.
- ___ 18. Record blood pressure reading and report any abnormal reading or observations to supervisor.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, or allow the individual to study the skill after selection or before demonstration when the individual was being tested for competency.
2005