

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health and Human Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>QM</b>
	Policy Number	<b>QM-07-05</b>
	Effective Date	<b>07-01-2006</b>
	Revision Date	
Title: <b>Vital Sign Training for Unlicensed Staff</b>	Functional Area: <b>Interface with Physical Health Care</b>	
Approved By: (Signature on File) <b>Signed version available upon request</b>  <b>Kathy Aposhian, RN</b> Program Manager, Quality Management  <b>Robert Hales, MD</b> Medical Director, Division of Behavioral Health Services		

**BACKGROUND/CONTEXT:**

The Sacramento County Mental Health Plan (MHP) is responsible for assuring that the mental health services provided are commensurate with the scope of practice, training and experience of the staff utilized. The MHP, through the oversight of Quality Management, provide guidelines for provider staff in accordance with Business and Professions Code regulations.

**DEFINITIONS:**

**Vital Signs** may include height, weight, temperature, respirations, pulse, and blood pressure.

**PURPOSE:**

The purpose of this policy and procedure is to establish recommended guidelines for the training and monitoring of unlicensed personnel who provide vital signs for the psychiatrist medication monitoring.

**DETAILS:**

**Policy:**

It is the policy of the MHP that each provider who intends to utilize unlicensed staff to obtain vital signs prepares a written plan and develops measures to assure competence and skill. Unlicensed staff must be trained by and remain under the supervision of the licensed medical staff. Unlicensed staff may not present as a nurse or attempt to interpret the vital sign results obtained. Each provider agency will establish a detailed process for the reporting of vital sign results to the psychiatrist and establish the frequency that vital signs are required.

**Procedure:**

- A. Training for unlicensed staff
  - 1. Licensed medical staff will provide written training information\*
  - 2. Licensed medical staff will provide instruction and demonstration
  - 3. Licensed medical staff will test proficiency\*
    - a. Written test
    - b. Return demonstration

- B. Documentation of Proficiency
  - 1. Maintain in personnel record of staff
    - a. Training provided
    - b. Test/Demonstration results
- C. Vital Sign Documentation
  - 1. Agency policy for documenting vital sign information
  - 2. Process for psychiatrist notification of vital sign results.

\* Sample training documents are attached.

**REFERENCE(S)/ATTACHMENTS:**

- California Code of Regulations, Business and Professions Code; § 2727.3, 2728.

**RELATED POLICIES:**

- None

**DISTRIBUTION:**

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
	Alcohol and Drug Services		
	Specific grant/specialty resource		

**CONTACT INFORMATION:**

- Quality Management Information  
[QMInformation@SacCounty.net](mailto:QMInformation@SacCounty.net)

## **Vital Signs Study Guide**

### **Height and Weight**

Measurement of the patient's height and weight:

1. Utilize your agency's mechanism for obtaining the height and weight.
2. Document the results in the medical record.

### **Temperature**

The average oral temperature is 98.6 F.

Measurement of the patient's temperature:

1. Utilize your agency tool for taking patient's oral temperature.
2. Notify the medical staff or physician, as applicable, of any above or below the parameters listed above.
3. Document the results in the medical record.

### **Pulse**

Average pulse rates are as follows:

<b>Age Group</b>	<b>Average Rate</b>
<b>Adults</b>	<b>60-80 beats per minute</b>
<b>Children over 7 years old</b>	<b>75-100 beats per minute</b>
<b>Children 7 years or under</b>	<b>80-110 beats per minute</b>

Measurement of the radial pulse

1. Locate the pulse on the thumb side of the wrist with the tips of your three fingers. Do not use your thumb since it contains a pulse that may be confused with the patient's pulse.
2. When the pulse is felt, exert slight pressure. Using the second hand of a watch or clock, count the number of beats felt over a 30-second period. Multiple the 30-second rate by two to obtain the one-minute rate. Record the one-minute rate in the medical record. If the pulse is irregular, count the number of beats felt over a one-minute period rather than over 30 seconds as mentioned above. Document that the pulse was irregular in the medical record along with the full one-minute rate.
3. Notify the medical staff or physician, as applicable, of rates above or below the parameters listed above.

### **Respiration**

The average respiratory rate is 16-20 breaths per minute. Respirations are even and unlabored.

Measurement of respirations

1. Using the second hand of a watch or clock, count the number of times the patient inhales (chest rises) over a 15-second period, multiply by four and record the one- minute rate in the medical record.

2. Notify the medical staff or physician, as applicable, of rates above or below the parameters listed above.

### **Blood Pressure**

The average range for adult blood pressure is 90/60 to 140/90.

Measurement of blood pressure \*\*

1. Wrap the cuff around the arm so that the rubber bladder is positioned above the brachial artery (2 cm above the antecubital area).
2. Place the stethoscope bell over the brachial artery below the edge of the cuff.
3. Inflate the cuff to temporarily stop the flow of blood through the artery.
4. Slowly deflate the cuff while listening with the stethoscope:
  - The first beat you hear represents the systolic pressure (upper measurement)
  - The last beat you hear represents the diastolic pressure (lower measurement)
5. Notify the medical staff or physician, as applicable, of any rates above or below the parameters listed above.
6. Document the results in the medical record.

\*\*Follow recommended manufacture's procedure for other types of blood pressure monitoring devises.

Common causes of abnormal blood pressure readings:

- Use of the wrong size cuff
- An incorrectly wrapped cuff
- Incorrect positioning of the arm
- Not using the same arm for all readings
- Not having the gauge at eye level
- Deflating the cuff too slowly

Caution

- Avoid attempting to measure blood pressure using an arm that is paralyzed, injured, swollen, or has an A/V shunt (used for dialysis).

## Attachment B

### Vital Signs Written Test and Skills Observation

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SCORE \_\_\_\_\_

1. What is the average oral temperature
  - A. 99.0
  - B. 98.6
  - C. 98.0
  - D. Each person has a different average oral temperature
  
2. What is the average pulse rate of an adult
  - A. 60-80 beats per minute
  - B. Depends on what the patient was doing prior to taking the pulse
  - C. 72 beats per minute
  - D. Each person has a different average pulse rate
  
3. When feeling for a radial pulse, always use your thumb
  - A. True
  - B. False
  
4. What is the normal respiratory rate for an adult
  - A. 22 breaths per minute
  - B. 18 breaths per minute
  - C. 16 to 20 breaths per minute
  - D. None of the above
  
5. When checking blood pressure, the systolic measurement is the first sound heard
  - A. True
  - B. False
  
6. Observe respirations for two minutes before documenting the results
  - A. True
  - B. False
  
7. It is acceptable to use an adult blood pressure cuff on a child if it is wrapped securely
  - A. True
  - B. False
  
8. An irregular pulse must be counted for one minute
  - A. True
  - B. False
  
9. When taking a blood pressure, where is the bell of the stethoscope placed on the patient's arm
  - A. Over the femoral artery about 2 cm below the antecubital space
  - B. On the patient's forearm
  - C. Over the brachial artery about 2 cm above the antecubital space
  - D. It doesn't matter where the bell of the stethoscope is placed on the arm
  
10. You have taken the patient's vital signs as part of the initial medical screening and obtained the following results: temperature - 99.5; pulse - 120; respirations - 26; blood pressure - 85/40. What would you do next?

- A. Document in the medical record
- B. Contact the physician
- C. Tell the patient that this is an outpatient psychiatric clinic and offer to call a cab to take him/her to a medical facility for additional assessment, stabilization and treatment.
- D. A and B

**Vital Sign Assessment Skills Observation**

**Instructions**

Measure and record temperature, pulse, respiration and blood pressure on five individuals in the presence of a registered nurse, physician assistant, licensed vocational nurse, licensed psychiatric technician, or physician.

**Observation Record**

	Temperature	Pulse	Respiration	Blood Pressure	HT	WT	Verified by
1							
2							
3							
4							
5							