

## Vital Signs

Vital signs, generally described as the measurement of temperature, pulse, respirations and blood pressure, give an immediate picture of a person's current state of health and well-being. Normal and abnormal ranges with management guidelines follow for children and adults.

### Equipment Needed

1. Stethoscope
2. Blood Pressure Cuff
3. Watch Displaying Seconds
4. Thermometer

### General Considerations

1. The patient should **not** have had alcohol, tobacco, caffeine, or performed vigorous exercise within 30 minutes of the exam.
2. Ideally the patient should be sitting with feet on the floor and their back supported. The examination room should be quiet and the patient comfortable.
3. History of hypertension, slow or rapid pulse, and current medications should always be obtained.

### A. Temperature

1. Temperature can be measured in several different ways:
  - a) **Oral** with a glass, paper, or electronic thermometer (normal 98.6F/37C)
  - b) **Axillary** with a glass or electronic thermometer (normal 97.6F/36.5C)
  - c) **Rectal** or "core" with a glass or electronic thermometer (normal 99.6F/37.7C)
  - d) **Aural** (the ear) with an electronic thermometer (normal 99.6F/37.7C)
2. Of these, axillary is the least and rectal is the most accurate.
3. **Use back of hand (dorsal aspect) to assess skin temperature**

### B. Respiration

1. Best done immediately after taking the patient's pulse. Do not announce that you are measuring respirations.
2. Without letting go of the patient's wrist begin to observe the patient's breathing. Is it normal or labored?
3. Count breaths for 15 seconds and multiply this number by 4 to yield the breaths per minute.
4. In adults, normal resting respiratory rate is between 14-20 breaths/minute.
5. Rapid respiration is called tachypnea.

### C. Pulse – see also Cardiovascular Exam

1. Sit or stand facing your patient.
2. Grasp the patient's wrist with your free (non-watch bearing) hand (patient's right with your right or patient's left with your left). There is no reason for the patient's arm to be in an awkward position, just imagine you're shaking hands.
3. Compress the radial artery with your index and middle fingers.
4. **Count the pulse for 15 seconds and multiply by 4.**
5. **Always count for a full minute if the pulse is irregular.**
6. **Record the rate and rhythm**

Note whether the pulse is regular or irregular:

**Regular** - evenly spaced beats, may vary slightly with respiration

**Regularly Irregular** - regular pattern overall with "skipped" beats

**Irregularly Irregular** - chaotic, no real pattern, very difficult to measure rate accurately

# Nln Health Physical Assessment Study Guide

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BC, Sandra M. Nettina**



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