**NURS 175 Vital Signs Chart**

**Temperature**

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| --- | --- | --- | --- | --- |
| Method | Time in Minutes | Normal Results | Depth of Insertion | Position |
| Oral | 5-8 | 98.6 | Under tongue |  |
| Tympanic | Until Beeps | 98.6 | Gently insert in ear canal towards tympanic membrane | Adult-Pull pinna up and back  Child-Pull pinna down and back |
| Rectal |  | 99.6 | 1-1.5 inch Adult  0.9 inch Child  0.5 Infant |  |
| Axillary | 5 glass-Child  8-Adult | 97.6 | On bare skin under arm |  |
| Temporal Artery | Scan Mid forehead to behind mastoid | 98.6 | Press and hold button as you scan in one stroke |  |
| Strips | 15-60 as manufacturer directions | 98.6 | Place on forehead or under tongue as directed |  |

**Blood Pressure**

When Possible have patient in sitting position, feet flat on floor and allow resting for 5 minutes prior to measuring blood pressure

1. Support patients arm at heart level and use appropriate size cuff
2. Wrap cuff on snugly taking note as to where the “artery indicator” is on the cuff
3. Palpate (auscultate if necessary) the brachial artery
4. Inflate cuff while continuing to palpate artery. INFLATE to 30 mm/Hg above the point at which you can no longer feel the artery pulsating
5. Place stethoscope on the artery and release at a rate of 2-3 mm/Hg per second
6. Record systolic/diastolic pressures
7. Wait at least 2 minutes before re-measuring in same arm

**Pulses**

Assess pulse rate, rhythm, quality and if it is bilaterally equal

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| --- | --- | --- | --- |
| Pulse | Locate | Time | **Special Indications** |
| Radial | Groove on the thumb side of the patient’s wrist | 60 seconds first time then 15 seconds x4 | Pads of your fingers only for taking pulses |
| Brachial | Inner aspect of the anticubital fossa | 60 seconds first time then 15 seconds x4 | Press firmly and position patients arm palm down if difficult to |
| Carotid | Place your fingers on the patient’s trachea and slide them to the side into the groove between the trachea and the sternocleidomastoid muscle | 60 seconds first time then 15 seconds x4 | **\*Never** compress bilaterally and always press lightly |
| Dorsalis Pedis | Run your fingers up the groove between the great and first toes to the top of the foot | 60 seconds first time then 15 seconds x4 | Remember to compare and contrast for equality in pulses |
| Femoral | Press deeply in the groin midway between the anterosuperior iliac spine and the symphysis pubis | 60 seconds first time then 15 seconds x4 | Pressing deep is needed to assess |
| Posterior Tibial | Press on the inner side of the ankle below the medial malleolus | 60 seconds first time then 15 seconds x4 | Used to assess circulation of the lower extremity along with Dorsalis Pedis |
| Popliteal | Press behind the knee in the middle of the popliteal fossa | 60 seconds first time then 15 seconds x4 | Can be difficult to locate, can also use for blood pressures |
| Temporal | Press lightly on outside area and above eye | 60 seconds first time then 15 seconds x4 | Have patient rest 15-20 mins before assessing this pulse |

**A Doppler Ultrasound device may be used to detect faint or weak pulses**

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| **Apical Pulse** |
| 1. Have patient supine or sitting and expose left side of chest 2. Palpate the mid-clavicular 5th intercostal space This is your **PMI or Point of maximum impulse** (the left ventricle of the heart is located here) 3. slide your fingers down from the sterna notch to the angle of Louis (bump) 4. Slide your fingers over to the left sternal border to the left sternal border to the second intercostal space 5. Put your finger in the 2nd intercostal space and slide down and feel to the 5th intercostal space 6. This area is about the size of a quarter and difficult to find in busty or patients with larger chest girth 7. You can palpate the pulse here or auscultate over the PMI to hear the normal S1 and S2 hear sounds (lub/dub) |
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