



## Baseline Vital Signs

<b>Candidate:</b>	<b>Date:</b>	
<b>Evaluator:</b>	<b>Start Time:</b>	
	<b>End Time:</b>	
Actions	Points Possible	Points Awarded
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 radial artery	1	
Count palpated pulse for a minimum of 30 seconds and multiply times 2	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 (margin + / - 4)	1	
<b>Respirations:</b>		
Observe rise and fall of the chest or abdomen	1	
Count respiratory rate for at least 30 seconds and multiply times 2	1	
Assess the following: <ul style="list-style-type: none"> <li>• Rate</li> </ul>	1	



• Rhythm (regular / irregular)	1	
• Quality (shallow, deep, normal)	1	
Report / record respiration findings (margin + / - 2)	1	
<b>Total</b>	<b>24</b>	

### Baseline Vital Signs continued

<b>Candidate:</b>	<b>Date:</b>
<b>Evaluator:</b>	<b>Start Time:</b>
	<b>End Time:</b>

Actions	Points Possible	Points Awarded
<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>	

<input checked="" type="checkbox"/>	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 respirations
	Did not verbalize color, temperature, moisture of skin signs
	Did not accurately determine pulse, respirations or blood pressure within required ranges