# GEORGIA PEACH STATE PATHWAYS

Career, Technical, & Agricultural Education

### HEALTHCARE SCIENCE

COURSE: **25.561** Nursing Essentials

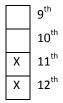
UNIT: 20.1 Vital Signs



#### Annotation:

In this unit students will review the principles of vital signs monitoring and apply their skills in working with clients in a clinical/facility setting. They will be expected to accurately measure vital signs using manual equipment and equipment used at the training site. Vital signs are a skill that must be mastered for students to become certified as nursing assistants.

#### Grade(s):



Time:

Two 50 minute periods and a visit to a training site

#### Author:

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#### Additional Author(s):

#### **Students with Disabilities:**

For students with disabilities, the instructor should refer to the student's IEP to be sure that the accommodations specified are being provided. Instructors should also familiarize themselves with the provisions of Behavior Intervention Plans that may be part of a student's IEP. Frequent consultation with a student's special education instructor will be beneficial in providing appropriate differentiation.



#### **GPS Focus Standards:**

#### HS-NE-12:

The student will perform basic nursing skills within the scope of practice for a nursing assistant while maintaining resident/patient/client rights. Beginning and ending procedures (i.e. wash your hands, gather equipment, identify the client, provide for privacy, etc.) will be performed with all resident/patient/client care.

#### HS-NE-12-a:

Measure and record vital signs including blood pressure using a manual and electronic equipment.

#### **GPS Academic Standards:**

#### National / Local Standards / Industry / ISTE:

## UNDERSTANDINGS & GOALS

#### **Enduring Understandings:**

 The importance of accurately measuring and recording vital signs including blood pressure using manual and electronic equipment y while in the classroom and clinical areas.

#### **Essential Questions:**

- Why are vital signs "vital"?
- How do I accurately measure, report and record vital signs in class and at a clinical site?

#### **Knowledge from this Unit:**

- Recognize normal limits of all vital signs and record and report appropriately.
- Follow facility guidelines for recording and obtaining vital signs.
- Recognize when equipment is faulty and appropriate steps to take

#### Skills from this Unit:

- Accurately measure vital signs, record and report results in the classroom and at a clinical site.
- Identify measurements that are outside the normal range, follow procedure for reporting and recording in classroom and at a clinical site
- Recognize faulty equipment and take appropriate corrective actions



#### **Assessment Method Type:**

		Pre-test
	Х	Objective assessment - multiple-choice, true- false, etc.
		_x_Quizzes/Tests
		Unit test
		Group project
		Individual project
		Self-assessment - May include practice quizzes, games, simulations, checklists, etc.
		Self-check rubrics
		Self-check during writing/planning process
		Journal reflections on concepts, personal experiences and impact on one's life
		Reflect on evaluations of work from teachers, business partners, and competition judges
		Academic prompts Practice quizzes/tests
		Subjective assessment/Informal observations
		Essay tests
		Observe students working with partners
		Observe students role playing
		Peer-assessment
		Peer editing & commentary of products/projects/presentations using rubrics
		Peer editing and/or critiquing
_		Dialogue and Discussion
		Student/teacher conferences
		Partner and small group discussions
		Whole group discussions
		Interaction with/feedback from community members/speakers and business partners
		Constructed Responses

#### Assessment(s) Title:

Vital Signs Test

#### **Assessment(s) Description/Directions:**

#### Attachments for Assessment(s):

## LEARNING EXPERIENCES

#### **Sequence of Instruction**

#### 1. Identify the Standards. Standards should be posted in the classroom for each lesson.

HS-NE-12: The student will perform basic nursing skills within the scope of practice for a nursing assistant while maintaining resident/patient/client rights. Beginning and ending procedures (i.e. wash your hands, gather equipment, identify the client, provide for privacy, etc.) will be performed with all resident/patient/client care.

HS-NE-12-a. Measure and record vital signs including blood pressure using a manual and electronic equipment.

#### 2. Review Essential Questions.

- Why are vital signs "vital"?
- How do I accurately measure, report and record vital signs in class and at a clinical site?

#### 3. Identify and review the unit vocabulary.

#### 4. Assessment Activity.

- Review Vital Signs
- Have student practice taking vital signs of classmates and or staff and record on sheet. Student should record at least 3 different people's vital signs each day while in class. Maintaining confidentiality as needed.
- Student Final Vital Signs Check Off to be performed before going to clinical setting with a 100% accuracy + or – 2 points of evaluator
- Students should be able to incorporate all 4 procedures and perform sequentially.

#### **Attachments for Learning Experiences:**

#### **Notes & Reflections:**

This lesson is connected to the Application of Therapeutic Services lesson plan for Vital Signs. Most of the lesson will be reinforced learning and use of skills in a clinical setting.



#### **Culminating Unit Performance Task Title:**

Vital Signs Check Off

#### Culminating Unit Performance Task Description/Directions/Differentiated

Students measurements must be within + or - 2 points of evaluator

#### **Attachments for Culminating Performance Task**

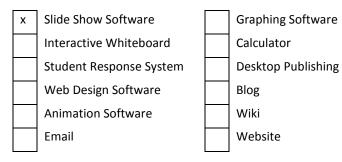


Web Resources:

Attachment(s):

Materials & Equipment:

#### What 21st Century Technology was used in this unit:





Video

Electronic Game or Puzzle Maker

Vital	Signs Test Name
Fill in	the blank
1.	The measurement of balance of heat lost and heat gain is
2.	Pulse is defined as the pressure of the pushing against the wall of
	a
3.	A pulse site in the side of the neck is called the
4.	A pulse rate over 100 BPM is called
5.	A pulse described as regular or irregular by its
6.	The most accurate method for taking a temperature is
7.	Constant pressure of the wall of the arteries is called
8.	The ratio for chest compressions and for CPR is to
9.	The depth of compressions on an adult victim should be to
10	Another name for fever is
11	. A blood pressure above 140/90 is called
12	. The normal range for oral body temperature is
13	. The normal range for pulse is
14	. The normal range for respirations is
15	. The normal range for Blood pressure is



Vital Signs Practice Recording Sheet

Record V/S taken while practicing the skills needed to be accurate

Name of student	Date of	Т	P	R	B/P	Notes
	Practice					

### T P R B/P Final Check-Off List

Name \_\_\_\_\_

Date\_\_\_\_\_

Task	Possible	Practice	Points	Comments
	Points	Points	Earned	
			Yes/No	
Gather Equipment				
Watch, stethoscope, B/P cuff, alcohol pad,	6			
pen & paper				
Wash Hands	2			
Identify Patient & self to patient	2			
Explain Procedure – taking V/S	2			
Temperature – Oral – Electronic				
Pull probe out of device & place cover over				
probe correctly	2			
Question pt. if drank, ate or smoked				
anything in last 15 minutes	2			
Instruct pt. to open mouth, place probe				
under tongue	2			
Instruct pt close mouth and not to bite robe				
	2			
Hold probe in place until beep is heard,				
then ask pt to open mouth	2			
Remove probe & throw away cover	1			
Record the reading	3			
	3			

Replace probe into device	2		
Pulse – Radial			
Locate pulse thumb side of wrist with 2			
fingers & wrist side down	2		
Support wrist	2		
Count 1 full minute – remember rate,			
rhythm	4		
Leave hand in place to count respiratory			
rate so pt. is unaware of counting	4		
Respiration			
Count 1 full minute while leaving hand at			
wrist site	2		
Record both Pulse & Respiratory Rates			
with description of each $(= \text{ or } -2)$	4		
points)			
Blood Pressure			
Select the correct size of cuff	2		
Clean earpiece & diaphragm of			
stethoscope - Place in position, (not in ears	4		
at this time)			
Place cuff on arm 1 inch above the	2		
antecubital space			
Fasten with the Velcro, Meter correct angle			
	1		
Support arm while measuring B/P	2		

Locate the brachial pulse with 2 fingers	2		
Place stethoscope in ears correctly;			
earpieces should be pointed forward	1		
Place diaphragm of stethoscope over the			
brachial pulse site, hold in place with	2		
fingers			
Place bulb of cuff in hand correctly & turn			
the valve to the right the, not too tight	2		
Make sure the tubing is not tangled so that			
it does not mask the "pulse" sounds	2		
Begin to pump cuff to 150mmHg or 20			
points above the previous reading	2		
Slowly releases valve	2		
Recognize systolic & diastolic sounds &			
record on paper (+or – 2 points)	6		
Recalls normal ranges for temperature	5		
Recalls normal ranges for pulse	5		
Recalls normal ranges for respiration	5		
Recalls normal ranges for B/P	5		
Clean & replaces all equipment	2		
Washes Hands &	1		

Report abnormal findings	1		
Total Points Earned			

Who observed your practice session?

How many recordings did you perform before checking off with the instructor	?			
Did you turn in your practice sheet with this final check off sheet?		Yes	or _	 No
Is the recording sheet attached to the final check-off sheet		Yes	or _	 No

**Final Comments**