

XYZ Health Network		<i>NUR-ED-V-001</i>	
Title: Measurement of Vital Signs in the Emergency Department		Policy #:	
Distribution: Acute care nursing	Policy Date: 5/2017	Page 1 of 2	
Department/Category: Emergency Department			
Document Owner: Emergency Department Nurse Manager		Revision Date:	
Approved by: Administration		Supersedes Policy # / Date: NUR-V-001/ 3/31/2017	
Reference: www.cincinnatichildrens.org Normal Pediatric Vital Signs, Emergency Medical Services (2010)			
KEYWORDS: Vital signs, ED			

I. GENERAL STATEMENT OF POLICY/PURPOSE

EVERY patient will have vital signs measured during his/her Emergency Department (ED) visit. This includes temperature, pulse, respiratory rate (RR), blood pressure (BP), and, pulse oximetry (Pulse Ox).

II. OBJECTIVES

To provide clear direction on the initiation and completion of vital signs in the Emergency Department.

III. SCOPE AND RESPONSIBILITIES

This policy/procedure applies to all Emergency Department Staff

V. Procedures and Monitoring

- A. Vital signs will be measured and recorded every two (2) hours, or more frequently as clinically indicated by the RN or ED provider, and documented in picis.
- B. Patients, who are to be discharged, will have vital signs repeated and recorded prior to discharge, including a pain assessment by an RN. Abnormal discharge vital signs will be reviewed with the medical provider prior to discharge.
- C. Patients who are to be transferred out of facility to a higher level of care will have vital signs measured and recorded within 30 minutes to leaving the department.

- D. Patients who are being transported out of the department for any reason (i.e. testing or admission) will have vital signs measured and recorded within 30 minutes of their departure excluding radiographs performed within the ED.

- E. ALL vital signs outside of normal range will be reported immediately to the Registered Nurse, Physician, and/or Physician assistant.

*Abnormal Vital Sign Range for Adults 18 years or older:

Pulse less than 60 or greater than 100

Respiratory Rate less than 12 or greater than 22

Systolic blood pressure less than 100 or greater than 160

Diastolic blood pressure less than 60 or greater than 90

Pulse Oximetry less than 92%

*Abnormal vital sign range for Pediatric Patients < 18 years of age:

	Infant 0-12 months	Toddler 1-3 years	Children/Adolescent 6-14 years
Pulse	Less than 100 or greater than 170	Less than 75 or greater than 130	Less than 70 or greater than 105
RR	Less than 30 or greater than 60	Less than 24 or greater than 32	Less than 16 or greater than 28
SBP	Less than 60 or greater than 110	Less than 90 or greater than 120	Less than 100 or greater than 140

VI. DEPARTMENTAL REVIEW

	Emergency Department Nurse Manager	Date: 5/2017
		Date:
		Date:

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VII. REVIEW

This policy and procedure will be reviewed every two years.

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