

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.72	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> N/A	<b>New Effective Date:</b> 12/23/14
	<b>Supersedes:</b> N/A	<b>Dated:</b> N/A
	<b>Last Reviewed, No Changes:</b> 06/20/17	
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Nursing Vital Signs Referral Parameters		

## POLICY

The Division of Adult Institutions Bureau of Health Services shall ensure nursing staff relay to an Advanced Care Provider changes in patient vital signs that may indicate a decline in the inmate patient's condition.

## REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2014, P-E-11 – Nursing Assessment Protocols

Wisconsin Administrative Code Ch. N 6 – Standards of Practice for Registered Nurses and Licensed Practical Nurses

DAI Policy 500.30.11 – Daily Handling of Non-Emergency Requests for Health Care

DAI Policy 500.30.18 – Nursing Protocols

Clinical Practice Guidelines: Orthostatic Vitals, Emergency Nurses Association

Published December 2011, revised March 2013

## DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

## PROCEDURE

### I. Overview

- A. There is both urgent and panic situations with different parameters that require ACP notification.
- B. The parameters listed in this policy serve as a standard for which nursing should notify the ACP. It shall be noted that nursing shall not hesitate to contact the ACP in circumstances when the vitals do not meet these call parameters but his or her clinical judgment determines a call is warranted.
- C. Nurses are expected to ensure vital signs are taken in a consistent manner to include each of the following on each assessment:
  1. Blood pressure, pulse, respiratory rate, temperature, oxygen saturation.
  2. Optional values can be added based on physician orders or nursing judgment to include weight, orthostatic measurements, pain score.

<b>DAI Policy #:</b> 500.30.72	<b>New Effective Date:</b> 12/23/14	<b>Page</b> 2 of 4
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Nursing Vital Signs Referral Parameters		

## II. Training

- A. Nursing staff shall be trained on the proper use of the vital sign measurement equipment and in proper manual testing of vital signs when automated equipment is not available or not functioning correctly.
- B. Vital signs shall be taken after the inmate patient has remained seated quietly for about 5-10 minutes, whenever possible.
- C. Nurses shall validate, substantiate and document reasons for not checking vital signs in a complete and standardized manner.

## III. Table

- A. The table below lists parameters for which an ACP needs to be notified. Listed are parameters for each of the measurements and guidelines for urgent and panic situations.
- B. There will be situations when the inmate patient's vital signs are not in the urgent or panic range. Nursing shall use their clinical judgment to make additional contact with an ACP if the nurse feels the vital signs measured signify a concern for the inmate patient's health. Examples may include:
  - 1. Immunocompromised inmate patients or those on prolonged corticosteroid therapy or other immunosuppressive agents (e.g., azathropine/Imuran, mycophenolate/Cellecept, cyclosporine/Sandimmune/Neoral).
  - 2. Persons with underlying cardiac or chronic debilitating diseases.
  - 3. Elderly.
  - 4. Persons with implanted prosthetic devices.
- C. Nursing shall notify an ACP if the vital signs fall within the call parameters listed below.
- D. Palliative Care inmate patients are exempt from the need for referral for vital signs that are out of the parameters unless there would be a need for additional measures for addressing comfort.

## IV. Proper Measurement of Orthostatic Vital Signs

- A. The individual shall rest in a flat, supine position 5-10 minutes prior to the first blood pressure measurement.
- B. Blood pressure measurements shall be taken at one and three minutes after standing.
- C. Position change from supine to standing has better diagnostic accuracy in volume depleted adults compared to position changes from supine to sitting and then to standing. Therefore, sitting measurements are not required but may be added at the nurses discretion.

<b>DAI Policy #:</b> 500.30.72	<b>New Effective Date:</b> 12/23/14	<b>Page</b> 3 of 4
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Nursing Vital Signs Referral Parameters		

D. Symptoms such as dizziness and syncope, in combination with orthostatic vital signs, are more sensitive indicators of volume loss than vital sign changes alone. Therefore, symptoms and vital signs shall be documented as the orthostatic variables.

Vital Signs	Urgent Referral Same day referral to on-site ACP or with on-call physician for further care.		Emergent Value Referral Requires immediate referral to on-site ACP or on-call physician.	
	High	Low	High	Low
Temperature	$\geq 101.5^0$ F	$\leq 96.0^0$ F	$\geq 103.5^0$ F	$\leq 93.2^0$ F
Pulse	$\geq 120$	$\leq 50$	$\geq 140$	$\leq 40$
Respiration	$\geq 24$	$\leq 10$	$\geq 30$	$\leq 10$
Pulse Oximetry	N/A	$\leq 90$	N/A	$\leq 85$
Blood Pressure	<b>Systolic</b>	<b>Diastolic</b>	<b>Systolic</b>	<b>Diastolic</b>
	$\geq 170$	$\geq 105$	$\geq 200$	$\geq 120$
	$\leq 85$	$\leq 40$	$< 80$	$< 35$
Orthostatics	Systolic BP	Pulse	Systolic BP	Pulse
Change from supine to standing	$\geq 10$ point drop	$\geq 10$ point increase	$\geq 20$ point drop	$\geq 20$ point increase

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Jim Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.30.72	<b>Page</b> 4 of 4
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Nursing Vital Signs Referral Parameters		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
    - 1.
      - a.
  - B.
  - C.
- II.
  - A.
  - B.
  - C.