GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

_____________________________________________________
Name of Individual Certifying this Document/Proposed Document

_____________________________________________________
Title

_____________________________________________________
Signature

_____________________________________________________
Date Signed
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
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 are both urgent and emergent situations with different parameters that require ACP notification.

   B. Temperature shall be recorded in Celsius, weights shall be recorded in kilograms and height shall be recorded in centimeters.

   C. 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.

   D. Nurses are expected to ensure complete 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 and orthostatic measurements.
II. Training
   A. Nursing staff shall be trained on the proper use of the vital sign equipment.

   B. Vital signs shall be taken after the inmate patient has remained seated quietly for about 5-10 minutes, whenever possible.

   C. Nurses shall document reasons for not checking complete vital signs.

III. ACP Notification
   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 notification in urgent and emergent situations.

   B. There will be situations when the inmate patient’s vital signs are not in the urgent or emergent 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. Geriatric.
      4. Persons with implanted prosthetic devices.

   C. 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. 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. Sitting measurements are not required but may be added.

   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. Symptoms present shall be documented with the orthostatic variables.

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>Urgent Referral</th>
<th>Emergent Value Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Same day referral to on-site ACP or with on-call physician for further care.</td>
<td>Requires immediate referral to on-site ACP or on-call physician.</td>
</tr>
<tr>
<td>Temperature</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>≥ 38.61 °C</td>
<td>≤ 35.55 °C</td>
</tr>
<tr>
<td>Pulse</td>
<td>≥ 120</td>
<td>≤ 50</td>
</tr>
<tr>
<td>Respiration</td>
<td>≥ 24</td>
<td>≤ 10</td>
</tr>
<tr>
<td>Pulse Oximetry</td>
<td>N/A</td>
<td>≤ 90</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Systolic</td>
<td>Diastolic</td>
</tr>
<tr>
<td></td>
<td>≥ 170</td>
<td>≥ 105</td>
</tr>
<tr>
<td></td>
<td>≤ 85</td>
<td>≤ 40</td>
</tr>
<tr>
<td>Orthostatics</td>
<td>Systolic BP</td>
<td>Pulse</td>
</tr>
<tr>
<td>Change from supine to standing</td>
<td>≥ 10 point drop</td>
<td>≥ 10 point increase</td>
</tr>
</tbody>
</table>

Bureau of Health Services: ________________________________ Date Signed: ____________
James Greer, Director

________________________________ Date Signed: ____________
Medical Director

________________________________ Date Signed: ____________
Mary Muse, Nursing Director

Administrator’s Approval: ________________________________ Date Signed: ____________
Jim Schwochert, Administrator
REFERENCE

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE
I.
   A.
      1. a.

   B.

   C.

II.
   A.

   B.

   C.