



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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.

James Greer

Name of Individual Certifying this Document/Proposed Document


Director, Bureau of Health Services

Title

Signature

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.72 (E)	Page 1 of 4
	Original Effective Date: 12/08/17	New Effective Date: 12/08/17
	Supersedes: N/A	Dated: N/A
	Administrator's Approval: Jim Schwochert, Administrator	
	Required Posting or Restricted: <input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 500 Health Services		
Subject: Nursing Vital Signs Referral Parameters (EMR)		

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 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.

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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

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changes alone. Symptoms present shall be documented with 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	≥ 38.61 °C	≤ 35.55 °C	≥ 39.72°C	≤ 34°C
Pulse	≥ 120	≤ 50	≥ 140	≤ 40
Respiration	≥ 24	≤ 10	≥ 30	≤ 10
Pulse Oximetry	N/A	≤ 90	N/A	≤ 85
Blood Pressure	Systolic	Diastolic	Systolic	Diastolic
	≥ 170 ≤ 85	≥ 105 ≤ 40	≥ 200 ≤ 80	≥ 120 ≤ 35
Orthostatics	Systolic BP	Pulse	Systolic BP	Pulse
Change from supine to standing	≥ 10 point drop	≥10 point increase	≥ 20 point drop	≥ 20 point increase

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

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

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

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

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