



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.

Kristin Nissen

Name of Individual Certifying this Document / Proposed Document

Program and Policy Chief

Title

Kristin Nissen

Signature

4/17/2020

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (Rev. 12/2019)

Nursing Vital Signs Referral Parameters	EFFECTIVE DATE enterStatus	PAGE NUMBER 2 of 4
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Procedure

I. Overview

- A. There are both urgent and emergent situations with different parameters that require ACP notification.
- B. Reference ranges for blood pressure, pulse, and respiratory rate change as a youth grows or ages and may vary by sex, height, weight, and clinical circumstances.
- C. Vital signs shall be used as part of an overall assessment of a youth's health status, and interpretation of measured values shall also take into account any factors that may affect them, including age, sex, and health history of a youth.
- D. Temperature shall be recorded in Celsius, weight shall be recorded in kilograms, and height shall be recorded in centimeters.
- E. The parameters listed in this policy and reference section serve as a guideline that nursing should notify the ACP. Nursing shall not hesitate to contact an ACP in circumstances when a youth's vitals do not meet these call parameters, but the nurse's clinical judgment determines a call is warranted.
- F. Nurses are expected to ensure complete vital signs are taken in a consistent manner and shall 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 nursing judgment or physician orders 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 youth 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 general parameters for which an ACP shall be notified for urgent and emergent vital sign measurements.
- B. There will be situations when a youth'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 youth's health. Examples may include:
 1. Immunocompromised youth or those on prolonged corticosteroid therapy or other immunosuppressive agents
 2. Youth with underlying cardiac or chronic debilitating diseases
 3. Youth with implanted prosthetic devices
 4. Youth's varying age

IV. Orthostatic Vital Signs

- A. A youth 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 youth 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.

V. Vital sign parameters for youth 18 years and older

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	$\geq 38.61\text{ }^{\circ}\text{C}$	$\leq 35.55\text{ }^{\circ}\text{C}$	$\geq 39.72\text{ }^{\circ}\text{C}$	$\leq 34\text{ }^{\circ}\text{C}$
Pulse	≥ 120	≤ 50	≥ 140	≤ 40
Respiration	≥ 24	≤ 12	≥ 30	≤ 12
Pulse Oximetry	N/A	≤ 90	N/A	≤ 85
Blood Pressure	Systolic	Diastolic	Systolic	Diastolic
	≥ 170	≥ 105	≥ 200	≥ 120
	≤ 85	≤ 45	≤ 80	≤ 40
Orthostatics	Systolic BP	Pulse	Systolic BP	Pulse
Change from supine to standing	≥ 10 point drop	≥ 10 point increase	≥ 20 point drop	≥ 20 point increase

cc: Office of the Secretary
DJC Leadership Team

Division of Juvenile Corrections Facility/Region Implementation Procedure	
Facility/Region:	
DJC Policy Number: 500.30.72	
Subject: Nursing Vital Signs Referral Parameters	
New Effective Date:	Original Effective Date: [Comments]
Will Implement: <input type="checkbox"/> As Written <input type="checkbox"/> With following procedures for facility implementation	
Superintendent's/Regional Chief's Approval:	

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Youth

III. Other