PERFORMANCE EVALUATION #42 NAME:_____

PATIENT ASSESSMENT DATE:_____

PASS FAIL INSTRUCTOR:_____

	0	1	2	3	NA
1. Select and gather appropriate equipment (dual person stethoscope, BP cuff, alcohol swabs, thermometer & probe covers, paperwork, watch with second hand, pen, calculator)					
2. Enter room and perform "*Initial Contact*" a. Patient present b. Scene survey c. Primary Survey (CLF check)					
3. Review the patient's chart and record all pertinent information. a. Verify and interpret the physician's order. b. Check results of last set of vitals					
4. Upon entering the room, introduce <u>yourself</u> and your <u>department</u> & explain "Why are you there?"					
5. Ask for the patient their <u>name & birth date</u> and check the patient's <u>name band</u> for proper identification **					
6. Explain: a. How long you will be there b. Will it hurt c. What do you expect from the patient					
6. Wash your hands & apply standard and transmission based precautions as needed **					
7. Interview the patient as appropriate (in last 10 min. did they eat, drink, smoke, have aerosol therapy, mask oxygen, exercise…)					
8. Positions the patient (for access to vital signs) a. Sitting in chair with back b. Feet on floor c. Relaxed d. Arm exposed e. At rest for at least 5 minutes					
9. Obtain the patient's temperature & document ** Student obtained: _____ C					
10. Obtain the patient's heart rate & document ** Student: _____ Instructor: _____					
11. Obtain the patient's respiratory rate & document ** Student: _____ Instructor: _____					
12. Obtain the patient's blood pressure & document ** Student: _____ Instructor: _____					
✓ Selects proper size cuff o ask patient o compares cuff width to arm width o measure circumference of arm					
✓ Ask patient what their BP usually is					

✓ Clean stethoscope and cuff as needed ✓ Positions cuff & manometer properly					
	0	**1**	**2**	**3**	**NA**
✓ Has patient relax arm					
✓ Palpates artery					
✓ Ensures stethoscope is open to the diaphragm					
✓ Positions stethoscope properly					
✓ Does not allow anything to touch stethoscope tubing					
✓ Inflates with proper pressure					
✓ Releases pressure slowly & steadily					
✓ Deflates cuff completely					
13. Explain how to ensure patient safety (side rails returned, restraints replaces, sharps disposed of, bedside table returned, patient has call light, tubings not pinched…) **					
14. Ask closing question					
15. Clean up area					
16. Cleans equipment properly for next patient use (cleans cuff if soiled, cleans stethoscope…) **					
17. Wash hands **					
18. Remove equipment and return to proper place					
19. Document properly for a legal record					
20. Notify appropriate personnel of outcome - if values out of acceptable range for this patient (physician, nurse, manager…)					
21. Knowledge/Comprehension Level					

Students must pass all critical steps with a score of 2 or 3

ORAL REVIEW QUESTIONS

What is the normal range for the adult temperature? *97.6° F - 99.6° F or 36.5° C - 37.5° C*

1. How is axillary, tympanic & rectal temperature corrected to oral? *Axillary add 1 degree, Tympanic and rectal subtract 1 degree*

2. What could increase temperature? *Exercise, infection, heat exposure, drugs, hypothalamus dysfunction, anesthesia and surgery*

3. What could decrease temperature? *Cold exposure, stroke, head injury, thyroid dysfunction, hypothalamus dysfunction, blood loss, drugs, overwhelming sepsis*

4. What is the normal range for the adult heart rate? *60-100*

5. How long is the heart rate counted before recording? *If regular count for 15 sec then multiply by 4 but if irregular, count for 60 seconds*

6. What could increase heart rate? *Exercise, fear, anxiety/stress, low blood pressure, anemia, fever, hypoxemia, medications, pain, heart dysrhythmias*

7. What could decrease heart rate? *Heart block, athletic condition, hypothermia, severe trauma, medications, cardiac dysrhythmias, severe hypoxia, vagal stimulation, increased ICP*

8. What is the purpose of checking capillary refill? *Assess local perfusion*

9. What is the normal refill time? *Less than 3 seconds*

10. What is the normal range for the adult respiratory rate? *10-20 bpm*

11. What could increase respiratory rate? *exertion, fever, hypoxemia, metabolic acidosis, anxiety, pain*

12. What could decrease respiratory rate? *Head injury, hypothermia, medications, severe MI, drug OD*

13. What is the normal I:E Ratio? *1:2 or 1:3*

14. What is the normal range for the adult blood pressure? *90-120/ 60-80*

15. What will happen to the blood pressure reading if the cuff is too small or too loose? *Too small or too loose, inaccurately high readings,*

16. What will happen to the blood pressure reading if the cuff is too large? *Inaccurately low readings*

17. What could increase the patient's blood pressure? *High systemic vascular resistance, polycythemia, peripheral vasoconstriction*

18. What could decrease the patient's blood pressure? *Left ventricular failure, low blood volume, peripheral vasodilatation.*