



Abnormal Vital Signs Policy for Urgent Care Centers

Policy:

Patients presenting to urgent care with any complaint should receive a complete set of vital signs, preferably within 15 minutes of arrival. Red Flag vital signs as established in this policy, should be posted at all locations where vital signs are obtained and immediately reported to the on-site provider. The initial readings as well as any repeat reading(s) are to be documented in the patient's medical record.

Scope:

Applicable to urgent care clinics.

Definitions:

N/A

Responsibilities:

It is the responsibility of the site supervisor as well as the Medical Director to ensure the implementation of this policy at all urgent care sites. The individual assigned to triaging and/or rooming the patient is responsible for measuring and documenting the initial set of vital signs and, if abnormal, reporting them to the onsite provider. The provider caring for the patient, in conjunction with the provider's clinical support staff, are responsible for repeating and documenting abnormal vital signs during the process of care.

Exceptions: (If applicable to your organization)

Vital signs are not mandated when the patient is presenting *exclusively* for the following procedures-- not associated with a sick or injury encounter.

For Example:

1. TB Test Reading
2. Urine Drug Screens

NOTE: Complete vital signs may not be possible during COVID-19 testing visits (e.g., administered in the patient's vehicle); however, pulse oximetry is to be performed and recorded.

Procedure:

1. The following vitals are to be performed:
 - a. Patients less than 3 years of age:
 - i. Temperature
 - a) Infants six months of age or younger – Perform a rectal temperature. [NOTE: Do not use mercury thermometers for patients of any age]

- b) Older than six months but less than five years - Axillary temperature.
 - c) Five years and older – Oral temperature. If combative or uncooperative, can do axillary temperature.
 - ii. Heart Rate
 - iii. Respiratory Rate
 - iv. Pulse oximetry
 - v. Height
 - vi. Weight in kilograms or pounds + kilograms
- b. Patients 3 years and older:
- i. Temperature
 - ii. Heart Rate
 - iii. Respiratory Rate
 - iv. Pulse oximetry
 - v. Blood Pressure
 - vi. Height
 - vii. Weight in kilograms or pounds + kilograms

2. Notify provider immediately if:

- a. Patient in obvious distress
- b. Vital signs are outside the following parameters are considered Red Flags:

[NOTE: the parameters below are guidelines. We encourage medical leadership to review and customize to your own setting, as appropriate)

i. For Adults:

Temperature	102 degrees F or greater
Respiratory Rate	Greater than 22 per minute or difficulty breathing/distress
Pulse	Less than 50 per minute or greater than 110 per minute
Pulse Oximetry	Less than 94% on room air
Blood Pressure	Systolic less than 90mmHg or greater than 180mmHg, Diastolic less than 60mmHg or greater than 120mmHg Pregnancy: Systolic Blood Pressure \geq 140mmHg and/or Diastolic Blood Pressure \geq 90mmHg.

*Reminder: Normal blood pressure for adults is Systolic < 120mmHg and Diastolic <80mmHg.

ii. For Children:

- a) Pulse ox less than 94% room air
- b) Temperature greater than 100.4 degrees F
- c) Heart rate, respiratory rate or blood pressure outside the following parameters:

Age	Respiratory Rate (per minute)	Heart Rate (per minute)	Blood Pressure (Systolic/Diastolic mmHg)
<1 month	30-53	90-205	
1-12 months	30-53	90-180	
1-2 years	22-37	80-140	
3-5 years	20-28	65-120	89-112/46-72
5-9 years	18-25	58-118	97-115/57-76

9-12 years	18-25	58-118	102-120/61-80
12-15 years	12-20	50-100	110-131/64-83

Accurate Blood Pressure measurement

I. Adults:

Key Steps for Proper BP Measurements	Specific Instructions
Step 1: Properly prepare the patient	<ol style="list-style-type: none"> 1. If the initial blood pressure read is abnormal, have the patient relax, sitting in a chair (feet on floor, back supported) for >5 min. 2. Ensure patient has emptied his/her bladder. 3. Neither the patient nor the observer should talk during the rest period or during the measurement. 4. Remove all clothing covering the location of cuff placement. 5. Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria.
Step 2: Use proper technique for BP measurements	<ol style="list-style-type: none"> 1. Use a BP measurement device that has been validated and ensure that the device is calibrated periodically. 2. Support the patient's arm (e.g., resting on a desk). 3. Position the middle of the cuff on the patient's upper arm at the level of the right atrium (the midpoint of the sternum). 4. Use the correct cuff size, such that the bladder encircles 80% of the arm, and note if a larger- or smaller-than-normal cuff size is used. 5. Either the stethoscope diaphragm or bell may be used for auscultatory readings.
Step 3: Take manual blood pressure read if readings are abnormal with the device.	<ol style="list-style-type: none"> 1. If BP is significantly high by automated device, provider should consider repeating by auscultation (children and adults).
Step 4: Properly document accurate BP readings	<ol style="list-style-type: none"> 1. If applicable, note the time of most recent BP medication taken before measurements.
Step 5: Average the readings	Use an average of ≥2 readings obtained on ≥2 occasions to estimate the individual's level of BP.
Step 6: Provide BP readings to patient	Provide patients the SBP/DBP readings both verbally and in writing.

Selection Criteria for BP Cuff Size for Measurement of BP in Adults:

Arm Circumference	Usual Cuff Size
22–26 cm	Small adult
27–34 cm	Adult
35–44 cm	Large adult
45–52 cm	Adult thigh

II. Children:

- Correct cuff size depends on arm size. Practically speaking, correct cuff size equals largest cuff that will fit on the upper arm with room below for the stethoscope head.
- BP should be measured in the right arm of a relaxed, seated child.
- BP measurement by auscultation is the gold standard.
- BP by automated device correlates reasonably well with auscultation, with practical advantages of rapid measurement remote from child and elimination of reader error.
- If BP is high by automated device, repeat by auscultation.

References:

- 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines.
<https://doi.org/10.1161/HYP.000000000000065>.
- A Pocket Guide to Blood Pressure Measurement in Children - From the National High Blood Pressure Education Program Working Group on High Blood Pressure in Children - From the National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents.
https://www.nhlbi.nih.gov/files/docs/bp_child_pocket.pdf.