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## Medical Standing Order for Vital Signs

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**Purpose:** To obtain baseline data; to determine variation from normal and its significance; to detect change in client's health status.

**Policy:** Perform an initial/primary assessment of vital signs. Obtain a history of symptoms or complaints made by the patient. If assessment results are abnormal based on patient's normal state, seek medical advice and/or call 911.

**Vital signs:**

- Blood pressure
- Heart rate
- Respiratory rate
- Oxygen saturation
- Temperature

**Protocol:** The following chart categorizes ranges in blood pressure.

| BLOOD PRESSURE CATEGORY                                  | SYSTOLIC mm Hg<br>(upper number) |        | DIASTOLIC mm Hg<br>(lower number) |
|----------------------------------------------------------|----------------------------------|--------|-----------------------------------|
| NORMAL                                                   | LESS THAN 120                    | and    | LESS THAN 80                      |
| ELEVATED                                                 | 120 – 129                        | and    | LESS THAN 80                      |
| HIGH BLOOD PRESSURE<br>(HYPERTENSION) STAGE 1            | 130 – 139                        | or     | 80 – 89                           |
| HIGH BLOOD PRESSURE<br>(HYPERTENSION) STAGE 2            | 140 OR HIGHER                    | or     | 90 OR HIGHER                      |
| HYPERTENSIVE CRISIS<br>(consult your doctor immediately) | HIGHER THAN 180                  | and/or | HIGHER THAN 120                   |

Symptomatic clients with a blood pressure of 180/120 or higher should be provided **emergency medical services** (call 911). Asymptomatic clients with a blood pressure of 180/120 or higher should have their blood pressure reassessed after 15 minutes of quietly sitting. If the systolic remains higher than 180 and/or the diastolic remains higher than 120, client should receive **urgent** primary care follow up. Clients with elevated blood pressure less than 180/120 should be referred for further medical evaluation and management. Symptomatic clients with a blood pressure of less than 90/60 should be provided **emergency medical services** (call 911). Pregnant clients with an elevated blood pressure should receive **urgent** primary care follow up. Pregnant clients with blood pressures of 160/110 or higher and/or symptoms of pre-eclampsia should receive **urgent, immediate medical care at a hospital**. Pre-eclampsia symptoms include:

- Sudden swelling of your face, hands, or feet.
- New vision problems (such as light sensitivity, blurring, or seeing spots).
- A severe headache.

- New right upper belly pain.
- New severe nausea and vomiting.

All clients experiencing acute symptoms of hypertensive crisis (e.g., chest pain, severe headache, shortness of breath, and neurologic changes) should be provided **emergency medical services** (call 911).

The following are normal parameters for adult heart rate, respirations, oxygen saturation, and body temperature.

|                   |                          |
|-------------------|--------------------------|
| Heart rate        | 60-100 beats per minute  |
| Respiratory rate  | 12-20 breaths per minute |
| Oxygen saturation | 95-100%                  |
| Temperature       | 97.8-100.4 °F            |

All deviations from normal baseline vital signs should be discussed with the client. Client should be assessed for any associated symptoms. If deviations are due to a previously diagnosed condition, refer stable clients to their current healthcare provider for follow-up. If deviations are not associated with a previously diagnosed condition, then stable clients should be referred for further medical evaluation. **Urgent** referral should be arranged for conditions with associated symptoms.

For clients experiencing acute symptoms of cardiac, respiratory, or neurological distress including but not limited to chest pain, shortness of breath, cyanosis, altered vision, generalized or one-sided muscle weakness, seizures, or loss of consciousness, the nurse should call 911 for **emergency medical services**.

This policy and procedure shall remain in effect until rescinded or until \_\_\_\_\_ (date)

**Medical Director**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Nurse**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Executive Director**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date