


Name of Policy: <u>Vital Signs</u> Policy Number: 3364-122-09 Department: Nursing Service – Kobacker Inpatient Psychiatric Hospital Approving Officer: Chief Nursing Officer (CNO) & Medical Director Responsible Agent: Nursing Director Child/Adolescent Inpatient Unit Scope: The University of Toledo Medical Center	 Effective Date: 4/1/2023 Initial Effective Date: 7/1983				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input checked="" type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

Vital signs will be monitored on a regular schedule on all patients admitted to The Behavioral Health Inpatient Unit.

(B) Purpose of Policy

To establish uniform guidelines for monitoring patient's vital signs.

(C) Procedure

1. Baseline assessment of vital signs will be made on admission to The Behavioral Inpatient Units. This consists of blood pressure, pulse rate, oral temperature, respiration rate, and body weight and height.
2. Additional vital signs will be taken no less than twice daily, unless ordered by physician.
3. It is the responsibility of the professional nurse to assess changes in the patients' condition or behavior which warrants increased monitoring of vital signs. These nursing actions do not necessitate a physician's order.
4. Vital signs including temperature, pulse, respiration, and blood pressure should be attempted on any patient that is in restraints or seclusion. If a patient is not cooperative at that time, documentation of patient status should be completed in the electronic medical record.
5. Vital Signs for patients receiving ECT treatments please reference ECT policy 3364.120.54

Policies Superseded by This Policy: 1-M-09