Vital Signs

REFERENCE

ADULT RANGES

- Pulse 60–100/min; respirations 12–20/min; SpO2 94% or higher on room air
- Blood pressure roughly 90–120 systolic; temperature about 98.6°F (37°C)
- Ranges are generic reference values — the trend in your patient matters more than any single number

PEDIATRIC RANGES

- Newborn: pulse 100–160, respirations 30–60
- Infant (to 1 yr): pulse 90–160, respirations 30–53
- Toddler (1–2 yr): pulse 80–150, respirations 24–40
- Preschool (2–6 yr): pulse 80–140, respirations 18–30
- School age (6–12 yr): pulse 70–120, respirations 16–24
- Pediatric ranges are generic reference values; a rising rate in a small child is an early warning, not a comfort

HOW TO MEASURE

- A full set is: pulse rate and quality, blood pressure, respiratory rate and depth, and skin color, temperature, and moisture (guideline p.218)
- Use the appropriately sized cuff; take a manual blood pressure whenever a reading is in question
- Never take a blood pressure on an injured extremity, a mastectomy-side arm, or an arm with a dialysis shunt
- Record the vital signs and the times taken in the ePCR

RED FLAGS

- Mercy's timing rules: every 5–10 minutes in critical patients or those on vasoactive drugs; every 15 minutes on long transports for stable patients; a minimum of 2 sets on every patient contact (guideline p.218)
- Take vitals before and after every medication administration
- A trend moving the wrong way — rising pulse, falling pressure, climbing rate — is a sicker patient, whatever the single numbers say

Take Home Message:

Two sets minimum, timed and charted: vitals are a trend, and in critical patients the clock between sets is 5 to 10 minutes.