**Saratoga Bridges’**

**Procedure for Vital Signs Monitoring and Vital Signs Management with Therap**

**VITAL SIGNS MONITORING:**

1. It is the policy of SB to monitor vital signs of the individuals we serve as a means of maintaining their health and safety. All DSPs and nursing staff will enter vital signs into Therap when taken EXCEPT when related to seizure activity in which case they will be documented in the Seizure Module on the seizure report.Vital signs include BP, pulse, respirations, and temperature.
2. In Residential, data is reviewed and obtained when indicated to do so by a medical provider/nurse, e.g., hypothermia protocol. For individuals without plans, vitals are to be obtained and reviewed monthly, at a minimum. The frequency of obtaining data is otherwise determined by individual health care needs.
3. In Day Program, data will be collected on an as-needed/warranted basis, e.g. Dr’s. orders, under nurse’s direction.
4. In most cases data is obtained at Residential programs and shared with Day programs.
5. All Vital Signs are to be labeled HIGH.

**How to review an individual’s Vital Signs data in the Health Tracking Module**

1. From the Therap dashboard, left-click the “Health” tab on the left side of the screen. The list of Health Tracking modules will appear. A right-click will bring up a context menu that will not be useful.
2. Left-click “Report” to the right of “Vital Signs”. The screen will refresh and “Vital Signs Data View Parameters Input” will appear in the top region of the screen.
3. In the field “Individual’s Name”, type in the individual’s name. If the individual’s name does not appear, verify that you are using the correct user profile that gives you access to that individual.
4. Set the Begin Date field to one month prior to the current date. Set the End Date to the current date.
5. Check the following boxes in the Type field, Temperature, Pulse, Respiration, and Blood Pressure.
6. For the format, check “Table”, ***not*** “*Graph*”.
7. Left-click the “Search” button. The screen will refresh and show entries meeting the criteria specified in the previous steps.
8. To ensure protocols have been implemented as required, left-click an individual entry to reveal the Vital Signs editing screen and scroll down to see the Comments box.
	1. In the event the protocol has not been implemented, the RN/Nurse-on-Call **must** be notified.

**How to record Vital Signs data:**

Section 1- General Information

1. From the Therap dashboard, left-click the “Health” tab on the left side of the screen. A right-click will bring up a context menu that will not be useful.
2. Go to Vital Signs
3. Left-click the word “New” and a new screen will appear.
4. Type in the individual’s name in the field labeled “Individual Name”.
	1. The field will auto-populate with individuals in your caseload. If the person’s name does not appear, verify that you are using the correct user profile that gives you access to the individual.
5. Left-click the box for “Program Name”. Select the program in which the Vital Signs were taken.
6. In the field “Reporter” your name will automatically appear.
	1. If you are reporting the individual’s vital signs, leave your name in the “reported by” box.
	2. If an authorized Therap user reported the vital signs to you, use the drop-down box to select their name.
	3. If someone other than an authorized Therap user reported the vital signs to you, e.g., relative, scroll to the bottom of the drop-down list select “other” and enter that person’s name in the box below this field.
7. Left-click the icon (little picture) of the calendar and select the date on which the Vital Signs were taken.
8. Select HIGH for the notification level

**Section 2 - Vital Signs Information**

**Temperature**

1. Enter the temperature results in Fahrenheit. If the warning “Outside Range” appears to the right of the box, verify that you have entered the correct value. If you have, in fact, accurately recorded the individual’s temperature and receive this warning, determine whether a protocol exists for a temperature outside the range, and implement accordingly. If a protocol does not exist, a nurse **MUST** be contacted. In the event a protocol was implemented and/or a nurse was notified this must be included in the comments section and a T-Log submitted.
2. Enter the time the vitals were taken.
3. Identify the location on the individual’s body from which the temperature was measured by selecting from the drop down menu the method in which the vitals were taken.
4. You must choose one of the following

a. Oral

b. Rectal

c. Temporal

d. Tympanic

e Axillary

DO NOT SELECT “Non-invasive thermometer”

**Pulse**

1. Enter the value for Pulse in the box provided. If the warning “Outside Range” Appears to the right of the box, verify that you have entered the correct value. If you have, in fact, accurately recorded the individual’s pulse and receive this warning, determine whether a protocol exists for a value outside the range, and implement accordingly. If a protocol does not exist, a nurse **MUST** be contacted. In the event a protocol was implemented and/or a nurse was notified this must be included in the comments section and a T-Log submitted.
2. Oxygen Saturation. **DO NOT USE THIS FIELD.**
3. Enter time the Pulse was taken.
4. Rhythm. **DO NOT USE THIS FIELD.**
5. Force. **DO NOT USE THIS FIELD.**
6. Fill in the site on the body from which the Pulse was taken, selecting from among the following options provided in the drop-down box:
	1. Apical = Over the Heart
	2. Brachial = Upper Arm
	3. Carotid = Neck
	4. Femoral = Inner Thigh
	5. Popliteal = Behind the Knee
	6. Radial = Wrist
7. Method Used. **Always** select “Manual” from the drop-down box.

**Respiration**

1. Enter the Respiration results. If the warning “Outside Range” appears to the right of the box, verify that you have entered the correct value. If you have, in fact, accurately recorded the individual’s respiration and receive this warning, determine whether a protocol exists for a value outside the range, and implement accordingly. If a protocol does not exist, a nurse **MUST** be contacted. In the event a protocol was implemented and/or a nurse was notified. this must be included in the comments section and a T-Log submitted.
2. Enter time the Respiration data was taken.
3. Lung Sounds. **DO NOT USE THIS FIELD.**
4. Other. **DO NOT USE THIS FIELD.**

**Blood Pressure**

Step 23.Systolic. Enter the top number of the Blood Pressure results.

Step 24. Diastolic. Enter the bottom number of the Blood Pressure results.

1. After entering the Blood Pressure results, if the warning “Outside Range” appears to the right of the box, verify that you have entered the correct value. If you have, in fact, accurately recorded the individual’s blood pressure and receive this warning, determine whether a protocol exists for a value outside the range, and implement accordingly. If a protocol does not exist, a nurse **MUST** be contacted. In the event a protocol was implemented and/or a nurse was notified this must be included in the comments section and a T-Log submitted.
2. Enter the time the blood pressure was taken.
3. Method Used. Always select “Manual” from the drop-down box.

**Comments**

Step 26. Select a Reaction from the following provided in the drop-down box:

* 1. Cooperative
	2. Declined
	3. Resisted (Uncooperative)

Step 27. If “Decline” or “Resisted” was selected provide a comment in the comment section.

**Review the vital signs and make sure that comments are provided in the Comments field at the bottom of the form.**

If at any given time you need to save your work and return back to it when it is convenient, hit the **“Save”** button at the bottom of the page. NOTE: If you only “Save” your data no one but you can see it. When you are ready to continue and complete data entry for the record, return to Vital

Signs in the Heath Care module and follow the steps outlined above.

If you are ready to submit your data, and make it available to others who have the individual in their caseload, hit the **“Submit”** button in the bottom far right corner and you work will be uploaded for the appropriate staff to view.

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