

CONSIDERATIONS:

1. Significant evidence supports when members of patients' interdisciplinary teams communicate and consult with one another, patients' outcomes are better.
2. OASIS question M2250a asks: "Does the patient's physician-ordered plan of care include patient-specific parameters for notifying physician of changes in vital signs or other clinical findings?" This is a process measure which indirectly indicates if the agency and its clinicians use the best practice of communicating with one another about their patients' status.
3. Normal (average) parameters have been identified by many organizations for a wide variety of measurements frequently assessed by home health clinicians. However, individual variations in patients means that average parameters are not normal for particular patients. This is the reason that patient-specific parameters are recommended.
4. Some common measurements obtained by home health clinicians and the parameters considered normal for adults are:

Alert MD if:	BELOW	ABOVE
Temperature	96.8 °F	100.4 °F
Heart rate	60 beats/min regular	100 beats/min regular
Resp. rate	12 resp/min	24 resp/min
Systolic BP	< 95 mm/Hg	> 140 mm/Hg
Diastolic BP	-	> 89 mm/Hg
Pain	-	> 7 or > patient's target
SaO%	<92%	-
Fasting blood glucose	< 70 mg/dL	> 130 mg/dL
Random blood glucose	< 70 mg/dL	> 180 mg/dL
INR for anticoagulant therapy	2	3.0 (5 considered critical value)
Weight for HF patient	-	> 2 lb/day or >5 lb/week

5. Clinicians are always expected to adhere to professional practice standards and to use sound clinical judgment in assessing patients and making determinations of need to contact the physician.
6. When patient's assessment measurements fall outside normal ranges, parameters provide an additional margin of safety for patients and the clinicians.

7. For hospice patients deviations in vital signs are normal and expected. Consulting about vital signs, other than the 5th vital sign, pain, is usually not clinically beneficial to the patient. Thus, vital sign parameters are not normally indicated.

EQUIPMENT:

Assessment tools as appropriate to visit

PROCEDURE:

1. At admission and as needed at future visits:
 - a. Adhere to standard precautions
 - b. Obtain vital signs: temperature, pulse, respirations, blood pressure, and pain level
 - c. If physician has ordered, obtain pulse oximetry measurement
 - d. If patient's diagnoses include diabetes, ask patient to obtain blood glucose and report result
 - e. If patient's diagnoses include heart failure, obtain weight
 - f. Compare patient's measurements against normal parameters
 - g. If parameters are outside normal parameters (or agency's parameter policy), notify physician
 - h. If physician reports the abnormal measurement was expected for the patient, request patient-specific parameters
 - i. Request parameters for any other measurement you feel will protect the patient's safety
 - j. Alert physician that your agency policies (if true) will necessitate a call unless other parameters are given
 - k. Include any orders for patient-specific parameters on patient's plan of care
2. On subsequent visits:
 - a. Adhering to Standard Precautions, obtain vital signs
 - b. Obtain other measurements as indicated on the Plan of Care
 - c. Compare measurements with patient-specific parameters, normal ranges, or with agency's specific parameter policy
 - d. Notify physician when values are outside of patient specific parameters
 - e. Consult with physician about changes that may need to be made to patient's plan of care to return measurements to appropriate range.

AFTER CARE:

1. Document in patient's record:
 - a. Vital signs and other measurements
 - b. Orders for patient-specific parameters
2. Alert physician utilizing SBAR communication when patient's measurements are outside parameters.

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