

Study Guide: Measuring Vital Signs (Chapter 18)

1. Key Concepts

- **Vital Signs (VS):** Temperature, pulse, respirations, and blood pressure (BP).
- **Additional factors:** Pain, oxygen saturation, smoking status, emotional distress.
- **Baseline importance:** Compare all VSs to patient's usual readings, not just standard norms.

Key Points from Chapter 18: Measuring Vital Signs

- Rectal measurements represent core temperatures, while oral and axillary reflect surface temperatures.
- An adult's normal internal (core) temperature ranges from about 36.1°C to 38.2°C (97°F to 100.8°F).
- Core temperature is typically 0.6°C to 1.2°C (1°F to 2°F) higher than surface temperature.
- Older adults may be unable to reach the fever temperature range necessary to develop a strong inflammatory response.
- Hyperpyrexia (fever above 41.0°C / 105.8°F) is dangerous and requires intervention to prevent brain damage, vascular collapse, or death.
- Hyperthermia occurs when body temperature rises above normal but the hypothalamus does NOT reset the set point like in fever; it happens when the body cannot promote heat loss fast enough.
- To convert Fahrenheit to Celsius: $(^{\circ}\text{F} - 32) \times 5/9$.
- To convert Celsius to Fahrenheit: $(^{\circ}\text{C} \times 9/5) + 32$.
- A baseline is important for evaluating changes in physiological status.
- Vital signs should always be interpreted in the context of the entire patient assessment, not just isolated numbers.
- Respiratory rate is a measure of general condition, but rate alone does not indicate adequacy; depth, rhythm, and effort must also be assessed.
- Changes in respiratory rate are an early indication of clinical deterioration.
- The primary stimulus for breathing is the level of CO₂ in the blood.
- For accuracy, count respirations for 60 seconds for new patients or when irregularities are present.
- Older adults have lower body temperatures and may have different normal ranges than younger adults.
- Pulse deficits (apical vs. radial differences) indicate heart irregularities and should be reported.
- Apical pulse is the most accurate; use when radial pulse is weak/irregular or in infants and young children.
- BP assessment: Use the bell of the stethoscope for better accuracy at diastolic pressures.
- Baseline VSs must be established at admission or initial contact for accurate comparisons later.

Measuring Vital Signs Study Guide Answer Key

**Susan K. Grove, Jennifer R.
Gray, Christy Bomar-Norton**



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Answer key at the back of the book offers a detailed rationale and an indication of the focus of the question to encourage formative assessment

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Study Guide to Accompany Medical Surgical Nursing Carol J. Green,Wilma J. Phipps,Penny L. Marshall,Carol J Green-Nigro, PhD RN,2002-12 This comprehensive study aid provides a thorough understanding of the content in Phipps Medical Surgical Nursing 7th Edition Each chapter presents multiple varied learning exercises that promote critical thinking encourage students to think about the solutions they choose and consider both possible benefits and consequences to the patient Exercises include case studies patient scenarios analogies compare and contrast and inquiry Provides learning exercises throughout to test content knowledge and promote critical thinking Incorporates Critical Thinking Case Studies to encourage students to think about the solutions they choose and consider benefits and consequences to the patient Critical Thinking Questions build in complexity as the student works through each case study Includes a thorough answer key Students are advised that answers may vary and are designed to stimulate discussion

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Murphy,Marilyn J. Hockenberry,Kelley Ward,2000-11

Nursing Assistant Fundamentals June Eastmond,1997-02

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