# Orthostatic Vitals Assessment

Technician: _____

Date: _____

| | Points Possible | Points Given |
|---|---|---|
| Verbalizes purpose of orthostatic vitals | 1 | |
| Verbalizes need for orthostatic vitals:<br>-Heat Illness -Unknown Illness<br>-Head Injury -Electric Shock<br>-Dizziness/Nausea -ALOC | 6 | |
| Brings necessary supplies:<br>-PB cuff -Stethoscope<br>-Cleaning wipes -Watch/Timer<br>-Yoga mat<br>***Must use manual devices. Auto cuffs and pulse oximeter not permitted for Orthostatic Vitals assessment*** | 5 | |
| Takes or verbalizes PPE precautions | 1 | |
| Clean BP cuff, stethoscope, and yoga mat | 1 | |
| Take Vitals: Blood Pressure, Pulse, Respiratory Rate<br>-Laying flat after a 5 minute wait<br>-Sitting in a chair, feet flat on the floor after 1 minute wait<br>-Standing up straight after 1 minute (do not lock legs) | 3 | |
| Verbalize positive results:<br>-BP drops in systolic of 20mmhg -BP drops in diastolic of 10mmhg<br>-Pulse increases by 20bpm -Pulse id over 110bpm<br>*** Positive results must be reported to Injury Manager to determine MD referral*** | 4 | |
| Reassess as needed or continue with injury report/assessment | 1 | |
| Total | 22 | |

*CRITICAL CRITERIA*

- ☐ Failure to take PPE precautions
- ☐ Failure to use manual devices
- ☐ Demonstrates unacceptable BP cuff placement
- ☐ Demonstrates unacceptable stethoscope placement
- ☐ Demonstrates inability to accurately measure blood pressure
- ☐ Demonstrates inability to accurately assess heart rate
- ☐ Demonstrates inability to accurately assess respiratory rate
- ☐ Failure to wait required time increments for different positions
- ☐ Failure to verbalize call in to Injury Manager for positive results

Must get total of at least 18 points with no marks in the critical criteria to pass

Evaluator Name & Signature: _____

Technician Signature: _____