# THE VITAL SIGN PROTOCOL

**Acute Autonomic Triage for Frontline Clinicians** *Enterprise Clinical Manual & Offline Field Guide*

## CLINICAL BRIEFING: THE 90-SECOND WINDOW

When a high-acuity event occurs, the amygdala triggers a massive dump of catecholamines and cortisol into your bloodstream. The biological lifespan of this initial chemical wave is exactly **90 seconds**. During this window, the prefrontal cortex is functionally suppressed, increasing the likelihood of medical error, boundary erosion, and cognitive fatigue.

**Do not chart. Do not prescribe. Do not engage administration until the 90-second flush is complete.**

## PHASE 1: HARDWARE (THE BIOLOGICAL FLUSH)

*Objective: Manually override the sympathetic stress response via the vagus nerve.*

**The 90-Second Physiological Sigh:**

1. **Double Inhale:** Inhale deeply through the nose until the lungs are functionally full. Immediately take one more short, sharp inhale to mechanically pop collapsed alveoli.
2. **Extended Exhale:** Exhale slowly through the mouth with an audible sigh. The exhale must be longer than the inhale.
3. **Execution:** Repeat this cycle 3 to 4 times.

*Clinical Rationale:* This specific breathing architecture mathematically lowers your heart rate and clears the acute cortisol dump, bringing your prefrontal cortex back online.

## PHASE 2: LENS (COGNITIVE DEFUSION)

*Objective: Interrupt the trauma loop and detach personal identity from clinical outcomes dictated by disease pathology.*

In a high-friction environment, the brain fuses with anxious thoughts, internalizing systemic failures as personal incompetence. You must forensically separate the Fiction from the Clinical Reality.

- **The Fiction (The Ego's Loop):** *"If I had caught that subtle change 10 minutes earlier, the outcome would be different. I am failing my patients."*
- **The Clinical Reality (Sovereign Logic):** *"I operated within the standard of care based on the data available at that exact moment. The disease pathology—not my perfection—dictates the outcome. I am observing my mind generate a stress response; I am not the response."*

## PHASE 3: SHIELD (BOUNDARY ARCHITECTURE)

*Objective: Defend your medical/nursing license and cognitive bandwidth against unsafe systemic demands.*

Emotional resistance is easily dismissed by administration. Clinical, objective boundaries framed around **Patient Safety** force the requesting party to assume the liability.

### Script 1: The Safety Pivot (For Unsafe Patient Ratios)

> *"I understand we are critically short-staffed. However, taking this additional high-acuity admission compromises my ability to safely monitor my current assignment. How would you like me to triage my current care to accommodate this without violating safety standards?"*

### Script 2: The Scope Defense (For Inappropriate Orders)

*"I am not comfortable executing that order as it currently falls outside my clinical scope/comfort level for this specific presentation. I need an attending or senior resident at the bedside for evaluation before proceeding."*

## PHASE 4: SPARK (RECLAIMING AGENCY)

*Objective: Neutralize Moral Injury by shrinking the sphere of expectation.*

Healthcare professionals suffer from *Moral Injury*—the trauma of being forced by a broken system to act against their clinical values. You cannot fix the macro-system today, but you hold absolute sovereignty over the micro-environment of your patient's room.

**The Anchor Point:** Your "Why" is not the hospital's bottom line. Your "Why" is the 3 minutes of undivided, regulated humanity you provide to a terrified patient. That moment belongs to you. The system cannot touch it, metricize it, or take it away. Anchor to the micro-interaction.