

C2L6 - Ashley Hay

(0:05 - 0:17)

Hello, Ashley Hay again, Health Tech Academy. We are going to review a little bit of the diagnostic and assessment procedures. I know that you just completed that module.

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I hope that you are enjoying the content. So we'll just talk a little bit about sources of patient data. So in preparing your assessment and figuring out kind of what tests and procedures might be done, it's really important that you look at all the information available to you.

So that can include vital signs, head-to-toe assessment of body systems, lab testing and results, obviously, and then imaging studies as well. I will say, I think that your H&P, which is short for your history and physical exam, that can really give you a great starting point. So it will tell you, you know, the patient's history of any prior issues and then their current physical status, their ability, you know, are they mobile, things like that, kind of where their laboratory markers are at, diagnostic imaging, if that's been done or if anything's pending.

And then, you know, going even further, if there's perhaps cardiac-related electrical studies or pulmonary diagnoses, that will be all really great information for you to look up on that. And then we'll move on a little bit to just looking at your assessment data, specifically vital signs. So obviously, the vital signs always include temperature, pulse, respirations, blood pressure, and oxygen saturation.

For short, we call it O2SAT. But it's important to remember that if your patient is awake and stable and able to communicate with you, hopefully, there is another vital sign that should always be included, and that is the level of pain that they are experiencing. There are a number of different scales that we can use to try and determine that.

The simplest one, if they're able to communicate with you verbally, is just from zero to 10. Zero is no pain. 10 is the most that they've ever experienced.

And then there's also the Wong-Baker FACES scale. We frequently use that in paediatrics because the young children often can't verbally always tell us where they're at with pain. But that sort of scale also works really well for patients who maybe are having difficulty communicating with you due to language barriers, and even more importantly, maybe they're non-verbal.

So just those are little things to keep in mind for pain. Also, knowing that pain, experiencing pain, can very much change a person's vital signs. So often, if somebody is in intense pain, it will certainly rise their pulse rate, how fast their heart is beating.

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It will often increase their respirations, and then their systolic numbers, so the top number of their blood pressure, will also often rise. When you are taking vital signs, it's important to try and keep your patient as calm as possible, given the fact that stress does happen very often in the healthcare setting. But for example, if your patient was, let's say, just crying, it's really not a good time to take their vitals because their pulse is not going to be accurate.

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If they just drank a cup of coffee or a cup of ice water, it's not a good time to take their temperature, and you should really wait at least 10 to 20 minutes to kind of make sure that their temperature has reset. So just kind of thinking ahead, little things. Also, if your patient is easily agitated, maybe they can sometimes get confused or upset by the pain that the blood pressure cuff can cause.

Sometimes it can get a bit tight. That's important to note, so you should try and take all of your other vital signs before the blood pressure, so that way they're all accurate, if that is a scenario for that particular patient. We were also in this module, so I wanted to go back about the blood pressure.

Normal range for blood pressure, the systolic, which is the top number, should be less than 120, and the diastolic should be less than 80. You'll often see like mmHg, millimetres of mercury. And then also knowing how to measure the mean arterial pressure.

So this is often generated through, many of us use the EHRs, or electronic health care record now. So often they will try and, these programmes will try and trend certain vital signs. So it's important that we know how to do it, just in case, you know, the electronic systems fail, and they don't kind of map out this average blood pressure.

So that's all that the mean arterial pressure is. It's abbreviated MAP. It's an average overall pressure.

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So to get this number, you can, if you have a set of data, so let's say five different blood pressures that you've taken over the last five days, and you want to know what their mean arterial pressure is, you can achieve that by adding the systolic blood pressure, so the top number, plus two times the diastolic pressure, which is the bottom number, and then divide that by three. And then, of course, making sure that we're documenting all of our vital signs properly and promptly is really important. I hope that this was helpful for you between the PowerPoint module, the additional videos that we added, and this one.

So keep moving through your modules and you'll hear more from me soon.