*SAMPLE*

Competency Evaluation Tool for Vital Signs Training

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| Vital Signs Training verifies Certified staff competence to monitor temperature, pulse, respirations, and blood pressure. At the conclusion of this training, the Certified staff: |
| VITAL SIGNS KNOWLEDGE | COMMENTS |
| Knows that staff, who have successfully completed specialized Vital Signs Training, may measure temperature, pulse, respirationsand blood pressure as it relates to medication administration. |  |
| Knows that measurement and documentation of Vital Signs atappropriate intervals provides important information about the health of an individual. |  |
| Knows the generally accepted target reference range for a temperature, pulse, respirations, and blood pressure. |  |
| Knows that when an HCP medication order includes Vital Signs Monitoring, ‘Individual-Specific’ parameters must be included. |  |
| Knows that cleanliness of equipment is essential in the process of safely obtaining Vital Signs. |  |
| Knows that when obtaining Vital Signs, hand hygiene must beperformed in accordance with Centers for Disease Control and Prevention (CDC) recommendations. |  |
| TEMPERATURE |
| Observes the Trainer demonstrate appropriate technique for measuring temperature using manufacturer’s specific equipment. |  |
| Completes return demonstration under Trainer supervision, with accurate technique for measuring temperature usingmanufacturer’s specific equipment. |  |
| PULSE |
| Observes the Trainer demonstrate appropriate technique and/or use of manufacturer’s specific equipment for measuring a pulse. |  |
| Completes return demonstration under Trainer supervision, withaccurate technique and/or use of manufacturer’s specific equipment for measuring a pulse. |  |
| BLOOD PRESSURE |
| Observes the Trainer demonstrate appropriate technique using manufacturer’s specific equipment for measuring blood pressure. |  |
| Completes return demonstration under Trainer supervision, with accurate technique for measuring blood pressure using manufacturer’s specific equipment. |  |
|  | RESPIRATIONS |
| Observes the Trainer demonstrate appropriate technique for measuring respirations. |  |
| Completes return demonstration under Trainer supervision, with accurate technique for measuring respirations. |  |
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| **Date of Training:** |  |
| **Certified Staff Signature:** |  |
| **Certified Staff Name (print):** |  |
| **Trainer Signature:** |  |
| **Trainer Name (print):** |  |
| **Trainer Contact Information:** |  |

Maintain a copy of this document in Training Records at the MAP Registered site Rev\_06-28-23