*SAMPLE*

Competency Evaluation Tool for Vital Signs Training

|  |  |  |  |
| --- | --- | --- | --- |
| 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, respirations  and blood pressure as it relates to medication administration. | | |  |
| Knows that measurement and documentation of Vital Signs at  appropriate 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 be  performed 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 using  manufacturer’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, with  accurate 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. | | |  |
|  | | | |
| **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