POLICY:
The standards of patient care as defined by the ENA Standards of Patient Care shall be provided to all patients presenting in the AER/PER/Urgent Care/Psych areas. Only Registered Nurses with one (1) year nursing experience who have completed an ED Orientation based on the Emergency Nurses Association (ENA) core curriculum can work in the Emergency Department.

IMPLEMENTATION:

- In addition to the Standards, the following guidelines specific to vital signs shall be followed.
- Vital Signs shall be obtained and recorded as follows
  - Blood Pressure is not performed routinely for children under 5 unless clinically indicated.
  - Intake vital signs, including temperature, are obtained at triage.
  - Retriage vital signs are obtained every four or eight hours (depending on patient category) for patients in the waiting area; and include Blood Pressure, Pulse, and Respiration.
  - All patients under care in a treatment area must have vital signs repeated at least every four hours. This includes Blood Pressure, Pulse and Respiration and Pain Assessment.
  - Temperature needs to be repeated only if the patient is hypothermic (under 36.4°C); hyperthermic (38.4°C) at the discretion of the nurse, or at the request of the physician.
- Abnormal vital signs must be repeated prior to discharge or sooner, if indicated.
- Patients listed for admission will be assessed for vital signs for according to the inpatient unit protocol

EXCEPTION:

- All patients in the psych ER must have vital signs repeated at least every eight hours.
- Urgent patients with normal vital signs can be reassessed at the discretion of the nurse but no less than every 8 hours.
- Admitted patients must have vital signs every 4 hours per hospital policy.
- Patients located in rooms 9, 13, 17 and 18 must have a visit by an RN or ERT documented at least once every 2 hours. Vitals need to be documented as per above.