

# Examining the Perceptions of Postoperative Vital Signs Practices

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# Vital Signs – Why Current Frequency?

- Nursing staff council
  - Urban community hospital
  - Frequency of post operative vital signs
  - Evidence Based Practice project

# Review of the Literature

- Stiver et al. (2017)
  - Found that reduced overnight vital signs monitoring was linked to safety and patient's perception of sleep quality
- Cardona-Morrell et al. (2016)
  - Found that the selection of “vital signs rely on nurses' clinical judgement or time availability rather than policy” (p. 9)

# Review of the Literature

- Downey et al. (2018)
  - Found that “continuous vital signs monitoring outside the critical care area is feasible and may improve patient outcomes” (p. 19)
- Burchill et al. (2015)
  - Found that tradition and ritual rather than research continue to drive postoperative vital sign assessment practices” (p. 249)

# Survey Development

- Anonymous survey
  - Survey monkey
- Sent to numerous medical surgical and telemetry units at the hospital

# Survey Results

- Participants aged
  - 20 to >60 years
- Years of experience
  - Less than 1 year to >35 years
- Educational level
  - Diploma – 1%
  - ADN – 2%
  - BSN – 70%
  - Masters degree – 19%
  - High school diploma – 4%
- Inpatient Units
  - 6

# Survey Results

- Full time or Part time
  - 96% Full time
  - 4% Part time
- Role
  - RN 81%
  - Nursing Assistant 9%
  - CNS/Educator 6%
  - Nurse Care Coordinator/Nurse Manager 4%

# Survey Results

- Most common postoperative vital signs included
  - Temperature, pulse, blood pressure, respiratory rate and pulse oximeter reading
- Most common frequency of postoperative vital signs
  - Vital signs every 30 minutes times 2
  - Followed by one hour times 2
  - And then every four hours



# Survey Results

- The top three assessments completed during vital signs assessment
  - Level of consciousness
  - Respiratory assessment
  - Surgical site evaluation
- The survey also asked what patient factors would compel you to repeat the vital signs on your patient and the top three were as follows
  - Change in mental status
  - Dyspnea
  - Prior abnormal vital signs

# Survey Results

- The survey also asked what clinician factor would compel you to repeat the vital signs and the top three were as follows
  - Clinical judgement
  - Patient acuity
  - Physician order

# Survey Results

- Perceptions on vital signs the majority of survey participants thought the following
  - The vital sign routine is evidence-based – 66%
  - The frequency of vital signs should be individualized – 57%
  - They feel overwhelmed trying to complete the different frequencies of vital signs – 53%
  - Postoperative vital signs are an accurate reflection of the patient's condition – 75%
  - Repeating vital signs regularly is beneficial for the nurse and institution in case of a law suit – 87%

# Future Plans

- Future plans for the next project include
  - Collaboration with primary service surgeons to further investigate the variations of the “per unit protocol” order for vital signs frequency in the electronic physician orders among multiple hospital units

# References

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**Questions?**

**Thank you!**

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