



**NRS 101 Foundations I
Clinical Skills Evaluation Performance Checklist
Temperature, Pulse, Respirations, Blood Pressure, and Pain**

Name of Student _____ Date _____

Attempt Number _____

Name of Evaluator _____

Attempt number _____ S _____ U _____

Points Awarded: (Evaluator circle the number of points awarded)

First Attempt: Skills satisfactory when performed on one student = **10**.

If unsatisfactory, skill must be repeated.

Second Attempt: Skill(s) satisfactory when performed on one student = **5**.

If unsatisfactory, skill must be repeated.

Third Attempt: Skill(s) satisfactory when performed on one student = **0**

*Student must be successful in all skills to pass the course.

All vital signs will be done at the same time. If a second attempt is necessary, it must be done on a separate day.

C check (✓) S (Satisfactory) or U (Unsatisfactory)

PROCEDURE STEPS	S	U	COMMENTS
For all assessments:			
KITES (Must check ID band)			
Positions patient appropriately.			
Asks appropriate health questions.			
Is able to answer questions related to assessment.			
Document your findings.			
Addresses patient by proper name and conversation is therapeutic at all times.			
Uses good body mechanics: positions bed or over bed table to a working level.			
After the procedure: a. Evaluates patient's response to the procedure.			

b. Leaves patient in a comfortable, safe position (safety checks) with call light within reach.			
Assessing Temperature			
1. Removed probe from electronic thermometer.			
2. Attached probe cover using aseptic technique.			
3. Placed probe under patient's tongue until unit beeps.			
4. Correctly read temperature.			
5. Released probe cover using aseptic technique.			
Assessing radial pulse			
1. Located radial artery using pads of middle fingers on inside of client's wrist.			
2. Counted pulse accurately, also assessing quality and rhythm for 30 sec. and then multiplied by two. To be within 4 beats of instructor's count.			
Assessing Respiration			
1. Counted respirations unobserved by client for 30 seconds and then multiplied number by two. Must be exact count.			
Assessing Blood Pressure			
1. Selected correct size cuff.			
2. Placed arm level with heart, palm up.			
3. Correctly applied cuff to client's arm. <ul style="list-style-type: none"> a. Was not placed over clothing. b. Bottom edge was 1 inch above antecubital fossa. c. Center of cuff was directly and snugly over brachial artery with place to place stethoscope. 			
4. Positioned sphygmomanometer at eye level			
5. Obtained palpatory blood pressure. <ul style="list-style-type: none"> a. Palpated brachial or radial pulse. b. Inflated cuff until pulse disappeared. c. Released pressure slowly until pulse returned. d. Noted reading and quickly released cuff. 			
6. Obtained blood pressure reading. <ul style="list-style-type: none"> a. Waited 30-60 seconds after obtaining palpatory blood pressure. b. Placed bell or diaphragm of stethoscope lightly over brachial artery. c. Tightened screw clamp of cuff and quickly inflated to 30mm Hg. Above palpatory blood pressure reading. d. Deflated cuff slowly at 2-3 mm/second, noting point at which systolic reading was heard. e. Continued deflating cuff slowly until sound stopped, 			

noting this as diastolic reading.			
7. Read the blood pressure within 4 mm Hg of instructor's simultaneous reading using a dual stethoscope.			
Assessing Pain			
1. Ask patient if he/she has any pain			
2. Assess pain using PQRST model.			

Documentation of findings in an organized format (does not count in allotted time):