

SOP Template: Vital Signs Record and Notable Changes During Shift

This SOP details the process for accurately recording **vital signs and notable changes** during a shift, including monitoring parameters such as heart rate, blood pressure, respiratory rate, and temperature. It outlines procedures for documenting observations, recognizing significant variations, and communicating critical findings to the healthcare team to ensure timely and effective patient care throughout the shift.

1. Purpose

To ensure systematic, accurate recording and timely communication of vital signs and notable changes in patient condition during a shift.

2. Scope

This SOP applies to all nursing staff and other healthcare professionals responsible for monitoring and documenting patient vital signs in the unit.

3. Responsibilities

- All staff must follow this procedure to ensure continuity and quality of care.
- Report significant changes immediately to appropriate healthcare personnel.

4. Procedure

1. Preparation:

- Verify patient identity using two identifiers (e.g., name and DOB).
- Gather necessary equipment (thermometer, sphygmomanometer, stethoscope, watch with second hand, etc.).
- Perform hand hygiene before contact with the patient.

2. Vital Signs Measurement:

- Measure and record the following parameters as per frequency policy:
 - Heart rate (beats per minute)
 - Blood pressure (mmHg)
 - Respiratory rate (breaths per minute)
 - Temperature (°C/°F)
 - Oxygen saturation if required (SpO₂)
 - Pain score (if applicable)
- Note technique and site (e.g. tympanic temperature, apical pulse, etc.).

3. Documentation:

- Record vitals immediately in the patient's chart: paper flowsheet or EHR.
- Document date, time, and your initials/signature.
- Note any irregularities or values outside normal ranges.
- Describe any notable changes in the patient's condition (e.g., increased work of breathing, altered consciousness).

4. Recognition and Reporting:

- Compare readings to previous recordings and normal limits.
- Identify **notable changes** such as:
 - Sudden changes in heart rate or rhythm
 - Sustained hypertension or hypotension
 - Rapidly rising or falling temperature
 - Respiratory distress
- Immediately notify the responsible clinician or charge nurse of any critical findings or significant variations.
- Document whom you notified, when, and what action was taken.

5. Ongoing Monitoring:

- Continue to monitor the patient as per clinical need and orders.
- Repeat vital signs if there is a change in condition, after interventions, or as instructed by a physician.

6. **Shift Handover:**

- Include summary of vital signs trends and notable changes in handoff report to next shift.
- Highlight any unresolved issues or newly identified risks.

5. Sample Vital Signs Record Table

Time	Heart Rate	Blood Pressure	RR	Temp	SpO ₂	Pain Score	Notable Changes / Observations	Initials
08:00	78	120/80	16	36.8Â°C	98%	2/10	Within normal ranges	AB
12:00	92	110/70	20	38.5Â°C	95%	4/10	Temp elevated; pain increasing; informed MD	AB

Note: All abnormal findings or notable changes must be reported per facility escalation protocols.

6. References

- Hospital Policy on Vital Sign Monitoring
- National Institute for Health and Care Excellence (NICE): Acutely ill patients in hospital
- Department Protocols and Documentation Guidelines

7. Revision & Review

This SOP will be reviewed annually or following updates in best practice guidelines.