



# ASPAN

American Society of PeriAnesthesia Nurses

## Clinical Practice: Frequently Asked Question

### Q: What is ASPAN's standard for vital sign frequency in Phase I and Phase II and Extended Care?

**A:** This question comes up almost weekly through the questions sent into the Clinical Practice Network. In fact, this question is asked so frequently, that ASPAN reviewed the literature to see if there was any evidence to support a recommendation or define how frequently vital sign should be obtained during perianesthesia care. The result of the search was presented at the Fall 2009 Standards Strategic Work Team revision meeting.

Team leaders from the Standards and Guidelines Strategic Work Team and members from the Evidence Based Practice Strategic Work Team met face to face in October 2009. In preparation for this meeting, the question put to the Evidence Based Practice Strategic Work Team was "How often should vital signs be taken?" The team reviewed 521 articles, including 2 abstracts. Rankings and consensus were completed. No evidence at all was available to guide the practice of how often to take vital signs to promote optimal outcomes.<sup>1</sup>

Perianesthesia nurses want to know what is best practice related to vital sign frequency. Clinical judgment is the essential element in determining frequency of vital signs. Expert opinion from perianesthesia nurses indicates that most units take vital signs every five minutes for the first 15-30 minutes of patient stabilization, and then decrease to once every 15 minutes for the duration of the patient's Phase I stay. If the patient is placed into a "holding pattern" for some reason, such as waiting for an inpatient bed, the frequency of vital signs can be the same as the standard used on the destination nursing unit. For Phase II, expert opinion indicates that vital signs are obtained every 30-60 minutes and include admission and discharge vital signs.<sup>1</sup>

Because of this discussion and the lack of evidence and specific literature stating what the vital sign frequency should be, the ASPAN *2019-2012 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, "Practice Recommendation 2: Components of Assessment and Management for the Perianesthesia Patient", states the following:

"Frequency of adult vital sign assessment during Phase I is institution specific. Practice varies across the country with frequency ranging from every five to every fifteen minutes. Expert opinion recommends that the frequency of vital sign assessment occurs a minimum of every fifteen minutes during Phase I as clinical condition requires."<sup>2</sup>

With regard to pediatric vital sign assessment, the ASPAN Pediatric Specialty Practice Group was surveyed. Survey responses revealed:

"In terms of postoperative pediatric assessment, close to 74% of survey respondents admitted that an initial blood pressure is always obtained from the pediatric patient on arrival to Phase I."

#### References:

1. American Society of PeriAnesthesia Nurses. Standards and Guidelines Meeting minutes, Batesville, Indiana. October 23, 2009.
2. American Society of PeriAnesthesia Nurses. *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2018.

*This FAQ has been reviewed and updated July 2019*