

Vital signs and monitoring

by Marie McCullagh & Ros Wright

Mrs Medway, 55, arrives by ambulance to the Emergency department of her local hospital complaining of chest pains and shortness of breath. She appears to be very anxious. Andrew, a newly qualified staff nurse, is sent to the cubicle to take the patient's vital signs.

Transcript

Nurse: You seem a little breathless, Mrs Medway. Are you comfortable there or would you like me to get you another pillow?

Mrs Medway: No, no, I'm okay thanks. I'm really worried about these pains in my chest.

Nurse: I can understand you might be worried. Dr Kiani's on today, she'll be able to go through the results once we've carried out a few more tests. I need to take your temperature now. Can I put this under your tongue please? Great, 37.2, that's fine. Now I need to take your pulse as well, if that's okay?

Mrs Medway: That's fine.

Nurse: I'm just going to rest your hand on your chest here, so it's more comfortable while I take your pulse.

Mrs Medway: Okay.

Nurse: It's 80. That's fine. You'll have an ECG later on, so that just leaves your blood pressure. Have you had this done before?

Mrs Medway: Not for a while, no.

Nurse: Okay, if you can just take off your jacket and roll up your sleeve for me ... as far as it will go ... that'll do. I'll explain what I'm doing as we go along; people tend to feel better when they know what to expect. I'm going to ask you to place your arm on the pillow first, and then I want you to relax and just breathe normally. Now, if I can wrap this cuff around your arm ... That's it. Now I'll just pump it up a little. You won't feel any discomfort, just a little pressure to the arm. Okay so far?

Mrs Medway: Fine.

Nurse: I'll just have a listen while I release the pressure. Okay, that's one thirty five over ninety.

Mrs Medway: What does that mean?

Nurse: Well, it is a little higher than I would have thought. It could be due to your anxiety, which is understandable. If you don't mind though, I think I'll take a second reading, just to be sure. Can you give me your other arm please? Now, I need you to relax as much as possible. Good. All done. There's a slight decrease there, a hundred and thirty over eighty five, but it's still a little higher than normal.

Mrs Medway: What's normal, then?

Nurse: It varies, but normal blood pressure is generally below one hundred and twenty over eighty. Now, Nurse Stevens will be over in a minute to take a blood sample for the lab.

Mrs Medway: Oh. I was hoping I was going to escape that one.

Nurse: Oh really?



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NURSING LESSONS TRANSCRIPT

Mrs Medway: I've a real phobia where blood's concerned – bit of a baby, I'm afraid.

Nurse: There's nothing to be embarrassed about Mrs Medway, you'll be surprised how many people feel the same. I'll let my colleague know so she can take the necessary precautions.

Mrs Medway: You're very understanding, thanks.

Nurse: Dr Kiani has asked us to keep an eye on you for the next few hours or so.

Four hours later

Nurse: How are you feeling, Mrs Medway?

Mrs Medway: Much better nurse thanks. I think I had a bit of a panic earlier, but I'm feeling much more relaxed now.

Nurse: Well, the good news is that your pulse has stabilized and your blood pressure is down on when you first came in. It was gradual, which is a good sign, too. Dr Kiani will be back to see you in a while to explain your ECG results and talk about where we go from here.

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A Professional usage

- Before you listen, imagine yourself taking a patient's vital signs. Note the different stages and think about how you might instruct your patient in English as you do so. Note any expressions that come to mind.
- As you listen, record the patient's vital signs in the chart below.

General Information			
Name: Ahmad Karam		30/12/08	15:35
T	P	BP	RR

- Now answer these questions:
 - Has the patient had her blood pressure taken before?
 - Why does the nurse take the patient's blood pressure twice?
 - Why does the patient describe herself as a 'bit of a baby'?

B Colloquial language

Read the dialogue in the box and look at the language the nurse uses to describe results to the patient.

- Give a more formal expression for the phrase *your blood pressure is down on*.
- The dialogue contains several expressions which indicate that something has gone up [up arrow], gone down [down arrow] or stayed the same [left/right arrow]. Place the following expressions in the table.

Example: *your pulse has stabilized*

be up (on)	decline	climb	drop	peak
go up	hit a low	increase	go down	reach a peak
plunge	remain stable	rise	rocket	shoot up
slump	stay the same	decrease	fall	

↗	↘
↔	↔

- Compare your findings with a partner.
- Now discuss these questions:
 - Which expressions would you NOT use when describing results to a patient? Why not?
 - When might you use these expressions?
 - Adverbs can be used by the nurse to soften the impact when giving results to a patient (e.g. *Your respiration rate has risen gradually over the last few days*). Brainstorm five or six more adverbs that could be used in this way.

C Communication focus

- Read this section of the dialogue and explain why the nurse pauses.

Nurse: I can understand you might be worried. Dr Kiani's on today; she'll be able to go through the results once we've carried out a few more tests. [PAUSE] I need to ...
- Now read this section and answer the questions that follow.

Nurse: I'll explain what I'm doing as we go along; people tend to feel better when they know what to expect.

 - What is the intention behind the nurse's comment?
 - How could the nurse have ensured the patient was even more prepared?
- Read through the dialogue and underline examples where the nurse acknowledges the patient's concerns.

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D Handover

The patient, Adrian Pandarovic, 35 years, is admitted suffering from pneumonia.

1. In pairs, complete the Observation Chart with information for observations taken every four hours – 9:15, 13:15 and 17:15.
2. Use the information to role-play an encounter between patient and nurse on the ward.
 - a. Take the patient's vital signs at 21:15. Use appropriate strategies – pausing, explaining procedures, acknowledging the patient's concerns.
 - b. Then practise giving results to the patient, using expressions from the table in Section B.

General Information				
Name: Adrian Pandarovic		Date: 09/06/09		
c/o pneumonia		General survey Obvious signs of distress. Appears slightly older than stated. Alert, well-groomed. Does not appear to have a good command of English.		
Observation Chart				
Time	T	P	BP	RR
09:15				
13:15				
17:15				
21:15				

3. Swap roles with your partner.

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ANSWER KEY

A Professional usage

- Encourage learners to go through the visualisation process as it might help them to 'role play' the procedure in English. If they wish they can note down expressions they know/remember. It might also help them predict the language they will hear in the podcast.*

General Information			
Name: Ahmad Karam		30/12/08	15:35
T 37.2	P 80	BP 130/85 135/90	RR Not mentioned

- Yes he has, but not recently.
- The patient is very anxious which might have caused his raised blood pressure.
- The patient is frightened of blood.

*After listening to the podcast, your learners may wish to compare the expressions they noted in Question 1 with those used by the native speaker nurse.

B Colloquial language

- Your blood pressure has decreased / gone down.

<i>be up (on), go up, climb, pick up, increase, peak, reach a peak, rise, rocket, shoot up</i>	↗	↘	<i>decline, decrease, drop, fall, hit a low, plunge, slump, go down</i>
<i>stabilise, remain stable, stay the same</i>		↔	

- rocket, shoot up, hit a low, plunge, slump* – these verbs would be considered too dramatic to be used with a patient.
- In communication with colleagues or when delivering a presentation (to describe trends and statistics).
- slightly, steadily, considerably, sharply, significantly, substantially*
NB: These could be further modified by using – *fairly steadily, quite significantly*, etc.

C Communication focus

- Pausing allows the patient to ask questions if necessary and gives the patient the chance to take in the information the nurse has just given him before passing on to the next stage of the encounter.
- The patient's level of anxiety is reduced. A patient who is well prepared won't be surprised or feel any unexpected discomfort – which in turn will increase his/her trust in the nurse and s/he will be more likely to cooperate better.
NB: Depending on the group, you may wish to check your learners are aware of the most appropriate form to use when preparing the patient – going to ...
- By explaining the expected duration of the procedure, the equipment that would be used, and any position changes that might be required.
- The nurse acknowledges the patient's concerns on several occasions:
 - I can understand you might be worried.* – The nurse acknowledges the patient's concerns about his chest pains.
 - Oh really?* – The nurse demonstrates active listening skills to the patient. The fact the patient sounds dejected (down) indicates there is a problem and the nurse's role is to encourage the patient to express his concerns.
 - There's nothing to be embarrassed about Mrs Medway, you'll be surprised how many people feel the same. / I'll let my colleague know so she can take the necessary precautions* – The nurse acknowledges the patient's concerns and offers a solution. The nurse tries to reassure the patient by making him understand that his phobia is very common.

D Handover

Encourage your learners to make use of the General Survey Information to have a better understanding of the patient's situation (e.g. the fact he is distressed indicates his observations may be higher than expected). The patient also has difficulties understanding English; this may require the nurse to clarify s/he has been understood by the patient.

You may wish to allow your learners to brainstorm appropriate expressions first for:

- pausing
- explaining procedures
- acknowledging the patient's concerns.

NB: c/o = complaining of