

Receptionist Programme

Module 4:

Observations - Training Manual

Name of Employee: _____

Date of Training: _____

Trainers Name: _____

Date Training Completed: _____

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Blood Pressure Reading

	Not Met	Partially Met	Fully Met
The patients left arm should be at the level of the heart. Ensure no tight clothing constricts the arm. Do not use the patients arm if they have had lymph glands removed / or breast removed			
Ensure that the tubing and monitor is working prior usage.			
Place the correct size cuff over the brachial artery, facing downwards 2 fingers width above the bend of the arm			
Turn the machine on when the monitor indicates to press on and start button or just start button.			
Document readings on to the patient's Aadastra record notes in the appropriate place.			
If a blood pressure reading cannot be obtained this should be documented into their Aadastra notes.			

Comments

Action Required	Responsible Person	Timeframe	Completed Date

Training / Clinical Lead Sign-off

Please obtain signatures confirming that you are now able to work independently on this module.

Date: _____

Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

This Form must be returned to Glover Street FAO: Training Team

Temperature Measurement

	Not Met	Partially Met	Fully Met
Check the equipment (thermoscan / forehead thermometer) is in working order prior to usage.			
Explain to the patient you are going to take their temperature.			
Place a clean plastic thermoscan covers protector over the chosen device. Carefully place the probe into the ear canal ensuring a snug fit / press start button.			
Dispose of the plastic thermoscan cover into a clinical waste bag.			
Document the reading and compare against the normal temperature readings.			
Any readings should be reported to the doctor/nurse on duty if above the normal parameters.			

Comments

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Training / Clinical Lead Sign-off

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Date: _____

Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

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Pulse/Heart Rate

	Not Met	Partially Met	Fully Met
Explain the procedure to the patient/carer/parent.			
If an automated blood pressure monitor/ or saturation monitor has been used these monitors will measure the pulse rate. However they do not take into account rhythm and pauses in the pulse between beats, which will provide information about the heart rhythm.			
Identify the radial artery at the wrist as this is commonly used to assess pulses in adults.			
Using the index finger and middle finger apply a gentle pressure against the artery site (never use the thumb as it has a pulse).			
Count the pulse rate for exactly one minute (this allows sufficient time to detect rhythm irregularities.			
Document the results appropriately, reporting any abnormalities to the clinician on duty.			

Comments

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Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

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Respirations

	Not Met	Partially Met	Fully Met
Ensure the patient is rested before carrying out the procedure to ensure accuracy.			
Try not to make the patient aware that you are counting their respirations as this may influence the speed of their breathing.			
Count each respiration for one full minute, by observing the rise and fall of the chest.			
Infants below 7 years of age are predominantly abdominal breathers therefore abdominal movements should be counted instead of chest rise and fall.			
Document your findings in the patient's notes accurately.			
Report any problems/results outside average values to the clinician on duty.			

Comments

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Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

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Oxygen Saturation Monitoring

	Not Met	Partially Met	Fully Met
Explain the procedure to the patient/parent.			
It is important that the probe and the area that it is going to be placed on are both clean, false nails can give false readings, also if the patient's hands are cold or have a circulation problem.			
Before attaching the probe turn on the monitor to determine it is emitting infrared light. There should be an adequate trace on the machine, the indicator bar signals its strength and needs to be at its highest point.			
It is important to use the correct size probe for adult (grey) /child (blue) /toddlers (purple)			
The light-emitting part of the probe is placed on the top of the finger and a photo detector placed directly opposite the light source, on the bottom of the finger. The probe must be placed the right way up on the finger in adults and/or finger.			
The probe and the lead can be secured with tape in younger children as the less the probe and lead move the better the recording.			
The light emitted from the probe on the top of the finger has red and infrared light in it and this can pass directly through to the skin, enabling it to be passed through to the photo detector on the opposite side for interpretation.			
All results should be documented in Adastra.			
If levels fall below normal range a clinician should be informed in the first instance so that appropriate action can be taken.			
In the event that results cannot be obtained this should be documented, and the clinician informed.			
If equipment fails, check batteries and report to clinician /fill out faulty equipment form.			

Comments

Action Required	Responsible Person	Timeframe	Completed Date

Training / Clinical Lead Sign-off

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Date: _____

Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

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RECEPTIONIST PROGRAMME – MODULE 4 : OBSERVATIONS

Module 4: Sign off		
Module	Demonstrated	Discussed
All clinical rooms set up appropriately		
Preparation of PCC (setting up clinical rooms) / Closing down rooms		
Blood Pressure Reading		
Temperature Measurement		
Pulse/Heart Rate		
Respirations		
Oxygen Saturation Monitoring		
Leaves PCC clean/tidy at end of shift		

Review Date:	Carried out by:	Comments to be discussed:

Training / Clinical Lead Sign-off

Please obtain signatures confirming that you are now able to work independently on this module.

Date: _____

Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

This Form must be returned to Glover Street FAO: Training Team

RECEPTIONIST PROGRAMME
TRAINING LOG

TRAINEE NAME:

Please use this log to record your training sessions with the Training Team Trainer or Clinical Lead for each Module.

Session	Date	Time	Trainer / Clinical Lead	Trainer / Clinical Lead Sign	Trainee Sign
1					
2					
3					
4					
5					

**PLEASE RETURN THIS FORM WITH YOUR SIGN OFF FOR THIS MODULE TO
GLOVER STREET FAO: THE BADGER TRAINING TEAM.**