	BASIC NURSING SKILLS EXAM STUDENT EVALUATION FORM		DATE:	
			HEMŞİRELIK ESASLARI	NUR102
	NEAR EAST UNIVERSITY	VITAL SIGNS	Page No	1/2

VITAL SIGNS STUDENT EVALUATION FORM

Uygulama Basamakları	Score Value	Score Obtained
1. Prepare the necessary supplies and check that they are clean.	**1**	
2. Ensure privacy (curtain/drape).	**1**	
3. Wash hands..	**0,5**	
4. Verify the patient's identity and provide information about the procedure.	**0.5**	
5. Ask the patient how they arrived at the facility.	**2**	
6. Establish communication with the patient and provide information about the process.	**0.5**	
7. Positioning the patient comfortably (arm at heart level).	**1**	
8. Properly placing the cuff.	**2**	
9. Placing the stethoscope over the brachial artery.	**2**	
10. Inflating and deflating the cuff at an appropriate rate.	**1**	
11. Accurately reads the systolic and diastolic values.	**2**	
12. Explains the results to the patient in an appropriate manner.	**0.5**	
13. Correctly identifies the area where the pulse will be taken (radial, carotid, etc.).	**0.5**	
14. Applies appropriate pressure using the fingertips (not the thumb).	**2**	
15. Counts the pulse for 1 minute.	**1**	
16. Assesses the pulse rhythm (regular/irregular).	**0.5**	
17. Observes the patient's breathing without causing discomfort.	**0.5**	
18. Counts the breaths for 1 minute..	**0.5**	
19. Evaluates the respiratory rate.	**0.5**	
20. Records all findings accurately and completely.	**0.5**	

TOTAL SCORE:

Instructor's Name, Surname and Signature	Student's Name, Surname Student ID and Signature

VITAL SIGNS STUDENT EVALUATION FORM

- **➢ RELATED QUESTIONS**

● Question Bank 1

1. What are vital signs?
- 2. In what units is blood pressure measured?
- 3. What is the normal pulse rate for an adult?
- 4. What is normal body temperature?
- 5. What is the normal respiratory rate for an adult?
- 6. Where is the pulse most commonly measured?
- 7. At what level should the arm be positioned when measuring blood pressure?
- 8. When should a thermometer be cleaned?
- 9. Why is the thumb not used when measuring the pulse?
- 10. Why should the patient not be told while counting their respiratory rate?
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● Question Bank 2

1. What kind of error does a cuff that is too tight cause during blood pressure measurement?
2. What additional measurement is required if the pulse rhythm is irregular?
3. Why should respiratory depth be assessed?
4. Under what circumstances can axillary temperature measurement be misleading?
5. How is orthostatic hypotension assessed?
6. What physiological information does a strong or weak pulse provide?
7. What does the use of accessory muscles indicate when counting breaths?
8. What condition causes a tympanic thermometer to give inaccurate results?
9. Why might a pulse oximeter show low readings?
10. Why is a repeat measurement taken after the initial detection of hypertension?

Note: The instructor should select one question each from Question Pool 1 and Question Pool 2 and ask them to

the student orally. The questions asked should not be asked to another student on the same day.