

### **About this Unit**

This standard covers taking and recording routine clinical measurements to establish a baseline for future comparison or as part of the individuals care plan. The recording of such measurements must take into account the individuals overall condition and it is important that where you have any concerns regarding your ability to correctly take these clinical measurements, or if you are at all unsure of you readings, you must ask another competent member of staff to check your recordings to ensure the correct actions can be instigated without delay.

These activities could be done in a variety of care settings, including hospitals wards and other departments including out patients, nursing homes, the individuals own home and GP surgeries.

Users of this competence will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

### **Values underpinning the whole of the Unit**

The values underpinning this Unit are embedded within the 2009 NHS code of conduct for healthcare support workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

**Key Words and Concepts** — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

<b>SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT</b>
<b>Simulation:</b>
◆ Simulation is <b>NOT</b> permitted for any part of this Unit.
<b>The following forms of evidence ARE mandatory:</b>
<ul style="list-style-type: none"> <li>◆ <b>Direct Observation:</b> Your assessor or expert witness must observe you in real work activities their confirmation of your practice will provide evidence for a significant amount of the Performance Criteria in this Unit. <b>For example</b> you could be observed as you reassure the individual throughout the measurement and answer questions and concerns from the individual clearly, accurately and concisely within your own sphere of competence and responsibility.</li> <li>◆ <b>Professional discussion:</b> Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. <b>For example</b> discuss with your assessor/expert witness your understanding of the current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to undertaking routine clinical measurements</li> </ul>
<b>Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:</b>
<ul style="list-style-type: none"> <li>◆ <b>Reflective Account:</b> These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge.</li> <li>◆ <b>Questioning/professional discussion:</b> May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice.</li> <li>◆ <b>Expert Witness:</b> A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice.</li> <li>◆ <b>Witness Testimony:</b> Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen.</li> <li>◆ <b>Products:</b> These can be any record that you would normally use within your normal role, eg You should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier.</li> <li>◆ <b>Prior Learning:</b> You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit.</li> <li>◆ <b>Simulation:</b> There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.</li> </ul>
<b>GENERAL GUIDANCE</b>
<ul style="list-style-type: none"> <li>◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence.</li> <li>◆ Evidence must be provided for <b>all</b> of the Performance Criteria, <b>all</b> of the knowledge.</li> <li>◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care Sector. This will include the National Service Standards for your areas of work.</li> <li>◆ All evidence must relate to your own work practice.</li> </ul>

**KNOWLEDGE SPECIFICATION FOR THIS UNIT**

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

**You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the ‘knowledge evidence’ section of the Assessment Guidance.**

<b>You need to show that you know, understand and can apply in practice:</b>	<b>Enter Evidence Numbers</b>
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to undertaking routine clinical measurements.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 The importance of applying standard precautions to undertaking physiological measurements and the potential consequences of poor practice.	
5 The importance of working within your own sphere of competence and seeking clinical advice when faced with situations outside your sphere of competence.	
6 What valid consent means and why it must be obtained and confirmed prior to actions being taken.	
7 The clinical measurements are necessary and the importance of undertaking them as directed.	
8 Why it is necessary to adjust clothing and/or repositioning the individual for some clinical measurements.	
9 The concerns and worries which individuals or client groups may have in relation to some clinical procedures.	
10 The equipment used for different measurements.	
11 Any alternative equipment available.	
12 The importance of ensuring it is appropriately prepared.	
13 Common conditions which necessitate the recording of physiological measurements within your work environment.	
14 How blood pressure is maintained.	
15 The differentiation between systolic and diastolic blood pressure and what is happening to the heart in each reading.	
16 The normal limits of blood pressure.	
17 Conditions where blood pressure may be high or low.	
18 How body temperature is maintained.	
19 What normal body temperature is.	
20 What is meant by pyrexia, hyper-pyrexia and hypothermia.	

**FP8N 04 (CHS19) Undertake Routine Clinical Measurements**

<b>You need to show that you know, understand and can apply in practice:</b>	<b>Enter Evidence Numbers</b>
21 What is normal respiratory rate.	
22 What affects respiratory rates in individuals, ill and well.	
23 The normal limits of pulse rates.	
24 What affects pulse rates — raising it and lowering it.	
25 The sites in the body where pulse points can be found.	
26 Why an individuals pulse oximetry needs to be measured.	
27 The findings when obtaining pulse oximetry, and the implications of these findings.	
28 What BMI is and how it is used in weight/dietary control.	
29 The factors that influence changes in clinical measurements.	
30 The importance of recording all information clearly and precisely in the relevant documentation, including whether the individual is receiving oxygen.	
31 The importance of reporting all information and any issues which are outside your own sphere of competence to the relevant member of staff without delay.	

**FP8N 04 (CHS19) Undertake Routine Clinical Measurements**

<b>Performance Criteria</b>		<b>DO</b>	<b>RA</b>	<b>EW</b>	<b>Q</b>	<b>P</b>	<b>WT</b>	<b>PD</b>
1	Apply standard precautions for infection prevention and control and apply other necessary health and safety measures.							
2	Check the individual's identity and confirm the planned action.							
3	Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.							
4	Gain valid consent to carry out the planned measurement.							
5	Take the measurement at the prescribed time and in the prescribed sequence.							
6	Use the appropriate equipment in such a way as to obtain an accurate measurement.							
7	Reassure the individual throughout the measurement and answer questions and concerns from the individual clearly, accurately and concisely within own sphere of competence and responsibility.							
8	Refer any questions and concerns from or about the individual relating to issues outside your responsibility to the appropriate member of the care team.							
9	Seek a further recording of the measurement by another staff member if you are unable to obtain the reading or if you are unsure of the reading.							
10	Observe the condition of the individual throughout the measurement.							
11	Identify and respond immediately in the case of any significant changes in the individuals condition.							
12	Recognise and report without delay any measurement which falls outside of normal levels.							
13	Record your findings accurately and legibly in the appropriate documentation.							
14	Clean used equipment and return to usual place of storage after use.							
15	Dispose of waste and disposable equipment appropriately.							

DO = Direct Observation  
 Q = Questions  
 PD = Professional Discussio

RA = Reflective Account  
 P = Product (Work)

EW = Expert Witness  
 WT = Witness Testimony

**ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health.  
This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

*To be completed by the candidate*

**I SUBMIT THIS AS A COMPLETE UNIT**

Candidate's name: .....

Candidate's signature: .....

Date: .....

*To be completed by the assessor*

*It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.*

**I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.**

Assessor's name: .....

Assessor's signature: .....

Date: .....

**Assessor/Internal verifier feedback**

*To be completed by the internal verifier if applicable*

***This section only needs to be completed if the Unit is sampled by the internal verifier***

Internal verifier's name: .....

Internal verifier's signature: .....

Date: .....