

YTC CRITICAL THINKING RUBRIC – Brenda Weatherington
YTC ADN Nursing
Abnormal Vital Signs (BP, HR, RR, O2 Sat or Temp) Recognition and Response

	Advanced - 4	Competent - 3	Developing - 2	Elementary - 1	Score ____
Identify	Identifies abnormal vital signs as profoundly or moderately abnormal; accurately describes client condition, Identifies possible cause of abnormal vital signs	Consistently identifies profoundly abnormal vital signs and frequently identifies moderately abnormal vital signs; Develops a list of possible causes of abnormal vital signs	Inconsistently identifies abnormal vital signs for a specific client; Unable to discuss contributing factors to client condition; Is open to discussion and makes attempt to understand abnormal vital signs for one may not be abnormal for others	Verbalizes normal vital sign ranges; Is unsure if vital signs are abnormal for a specific client; responds very concretely during discussion of issue	
Gather	Assesses client appropriately to include peripheral pulses, HR, skin condition for pallor and moisture, altered LOC, temp and /or O2 sat; Identifies possible cause of abnormal vital signs;	Performs an almost complete assessment , leaving out one or 2 significant pieces of data (example: LOC or BP or HR or O2 Sat or temp) as pertinent to situation	Inconsistent with assessment data collection: unsure of actions needed to take for abnormal vital signs; Requires lots of guidance to reassess and recognize abnormal vital signs	Shows no initiative in gathering additional vital signs (trending data); does not perform additional assessment as needed (peripheral pulses, skin condition, LOC changes)	
Examine	Prioritizes pertinent assessment data for specific client; Reflects on possible causes of abnormal vital signs; validates by using manual equipment for abnormal BP	Validates using manual equipment; Requires minimal assistance in prioritizing pertinent assessment data for a specific client; Reflects with some assistance on possible causes of abnormal vital signs	Validates with manual equipment with prompting; Is able to make a list of possible causes of abnormal VS with much assistance and encouragement of faculty	Will validate with manual cuff/equipment when prompted by faculty; is unable to discuss possible cause for abnormal signs	
Formulate	Develops a plan for correcting abnormal vital signs; Analyzes pros and cons of plan for potential outcomes	Develops a plan for correcting abnormal vital signs with minimal assistance of faculty; Analyzes pros and cons of plan for potential outcomes with prompting of faculty	Needs assistance in phrasing plan of care for correcting abnormal vital signs; Will attempt to analyze plan of care	Is unable to develop a plan of care for correcting abnormal VS; Is unable to develop outcomes with prompting by faculty	
Apply	Notifies the faculty and the primary RN for client abnormal vital signs with each occurrence; implements plan to improve abnormal vital signs with accuracy and without hesitation; documents actions, client responses and outcomes	Minimal assistance may be needed in prioritizing actions to be taken; May hesitate initially but after encouraged will implement plan; Notifies the faculty and the primary RN for client abnormal vital signs with each occurrence	Requires assistance with prioritizing actions ; Notifies the faculty member with abnormal vital signs; May use this as learning tool and begin the reflecting process	Rarely notifies faculty for abnormal vital signs; does not ask questions related to specific client vital signs; is unable to apply learning to other settings/clients with similar issues.	

<p>Evaluate</p>	<p>Reflects on other avenues of planning after completion and discussions with peers in post conference; request feedback from staff and faculty to improve the process; accurately assesses and reassesses client as needed; Utilizes this learning experience in other client settings.</p>	<p>Utilizes this learning experience in other client settings when prompted; Will accept feedback on performance as opportunity for growth. Will verbalize own ideas of performance and opportunity for growth; Accepts responsibility</p>	<p>Requires lots of guidance to reassess and document; Becomes very sad with feedback on performance but accepts responsibility for actions or lack of actions</p>	<p>Will accept feedback with anger and frustration without accepting responsibility for own actions; Will reassess client only if reminded to do so; documents episode with a lot of assistance</p>	
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