



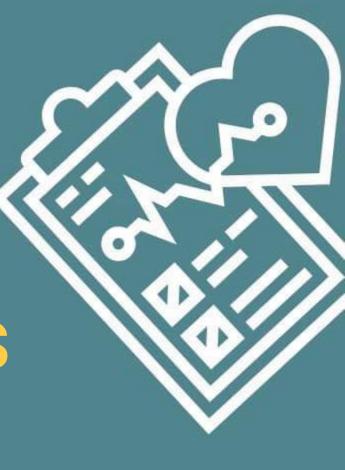


# Lecture no:

Title:

Clinical Procedures

By:



Elaf Sameer

وَقُلُ رَبِّ زِدُنِي عِلْمًا

# Clinical Skills Course I Clinical Procedures lecture 1 Hand Washing, Vital Signs, Blood Pressure

Reema AL- Attari

موجوع مهم ،عليه اسئلة ا Ha

# Hand washing

و تعقيم اليدي قبل و بعد التعامل مع المريق

- Hand hygiene must be performed:
- a) immediately before every patient contact
- b) after touching anything in the bed space area i.e. within the bed curtain area

There are many products that we can use to perform good hand hygiene such as:

Liquid Soap الثلاث أنواع:
Hibiscrub
Spirigel

## **Liquid Soap**

# Will remove most micro-organisms but not all



#### Hibiscrub

Will remove most micro-organisms

Contains an antimicrobial agent which, معاد للسروبات

with continual use, has a cumulative effect التراكيات Will remove organic matter from the hands



- ولد يستخدم إذا كانت ايريك متسخة بشكل واجنح ، او عليها مواد عضوية مثل سوائل الجسم **Spirigel**

Quick and easy way to decontaminate socially clean hands, 99% effective in thirty seconds

Cannot be used if hands are visibly soiled Do not use if you have dealt with organic matter, e.g. body fluids

Should NOT be used in cases of Clostridium Difficileassociated diarrhoea or viral diarrhoea and vomiting use water and Hibiscrub in these cases

لى لى الماء و الكركدية.

ظهر البير عالمن البيد 1. Palm to palm 2. Backs of hands اطراف الأصابع المراعات سن النصابع 4. Fingertips 3. Interdigital spaces الأطافر الربهام و 5. Thumbs and wrists 6. Nails

\*أول خطوة هي تبليل اليدين بالماء بعدها وضع الصابون واتباع الخطوات كما هو موضح في الصور والتأكد من وصول الصابون إلى جميع أجزاء اليد.

\*بعد الإنتهاء من غسل اليدين يمنع إغلاق صنبور المياه باليدين النظيفتين إما يتم إغلاقها بالكوع أو بما تم تنشيف اليدين به سواء منشفة أو محارم.

\*يجب أنا يأخذ إجراء غسل اليدين من 40-60 second تجنب استخدام ماء ساخن لأنه قد يزيد خطر الإصابة بإلتهاب الجلد.

> \*یجب أن تحافظ علی أظافرك أقصر من 0,2بوصة (إنش) أو نصف سنتیمتر .

\*Hand washing is not an option, it is mandatory(إلزامي)

\*أدوات غسل اليدين :

1-alcohol-based hand-rub formulation(contain 60-80%ethanol isopropanol or n-propanol)

2-soup

3-water

4-drying agents



Points to remember:

الاظافر الصناعيه ممنوعه الشعر لازم يكون مربوط لورا الخواتم الاكسسوارات ممنوعه عدا خاتم الزواج

Nails should be kept short

Avoid wearing rings with ridges or stones

Remove wrist watches and wrist jewelry.

If you are wearing long sleeves roll them up before hand washing and at all times in clinical areas. Tuck in ties/no tie or bow tie, tie hair back.

- Nail brushes are not used for routine hand hygiene.
- Hands must be wet before applying the recommended amount of soap and water and rinsed thoroughly before drying.

If hands are not rinsed or dried adequately there is a potential for skin damage to occur.

The use of gloves is not a substitute for hand hygiene.

Keep your hands healthy; cover any cuts with a water proof dressing. حتى لوكىت لاس قفا زات ، لدرم تغسل ويدرر القفازات ،

Gloved hands should not be washed or cleaned with alcohol hand-rubs.

5 Colom

Barrier Nursing: Look for barrier nursing signs; leave notes outside; wear apron, gloves and wash hands, speak to the nurse for advice.

الما تحضّر نفسك ، خذ مشورة المعرب كي يدكرك

حلوا هاي النقاط دائمًا ببالكم

# Steps before examine patient

- Introduce yourself
- Gain consent and co-operation
- Perform hand hygiene
- Roll up sleeves, remove watch
- Provide privacy

# Vital sign

PULSES ( cardiac rate )

RESPIRATORY RATE

TEMPERATURE

# PULSES (cardiac rate)

# Radial pulse

م السلامية لتعيل إماكن pulce الركتورة السلاميرات التالية الركتورة ما دكريهم

- Palpate the radial pulse with the pads of your fingers on the flexor surface of the wrist laterally.
- Partially flexing the patient's wrist may help you feel this pulse.
- Compare the pulses in both arms



Brachial pulse

Flex the patient's elbow slightly, and with the thumb of your opposite hand palpate the artery just medial to the biceps tendon at the antecubital crease.

The brachial artery can also be felt higher in the arm in the groove between the biceps and triceps muscles.



#### **Carotid Artery**

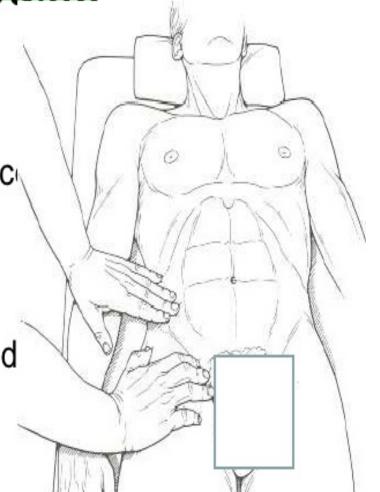
- At level of thyroid cartilage
- Lateral to trachea



Femoral pulse

The common femoral artery emerges into the upper thigh from beneath the inguinal ligament one-third of the distanction the pubis to the anterior superior iliac spine.

It is best palpated with the examiner standing on the ipsilateral side of the patient and the fingertips of the examining hand pressed firmly into the groin.



# Popliteal Artery

- The popliteal artery passes vertically through the deep portion of the popliteal space just lateral to the midplane.
- It may be difficult or impossible to palpate in obese or very muscular individuals.
- Generally this pulse is felt most conveniently with the patient in the supine position and the examiner's hands encircling and supporting the knee from each side.
- The pulse is detected by pressing deeply into the popliteal space with the supporting fingertips. Since complete relaxation of the muscles is essential to this examination, the patient should be instructed to let the leg "go limp" and to allow the examiner to provide all the support needed.



# The posterior tibial pulse.

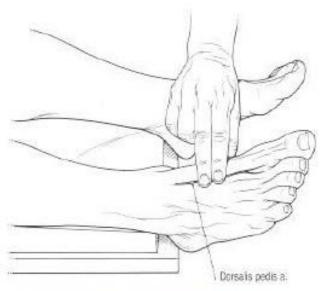
- The posterior tibial artery lies just posterior to the medial malleolus.
- It can be felt most readily by curling the fingers of the examining hand anteriorly around the ankle, indenting the soft tissues in the space between the medial malleolus and the Achilles tendon, above the calcaneus.
- The thumb is applied to the opposite side of the ankle in a grasping fashion to provide stability.
- Again, obesity or edema may prevent successful detection of the pulse at the location.





# The dorsalis pedis artery

- Is examined with the patient in the recumbent position and the ankle relaxed.
- The examiner stands at the foot of the examining table and places the fingertips transversely across the dorsum of the forefoot near the ankle.
- The artery usually lies near the center of the long axis of the foot, lateral to the extensor hallucis tendon but it may be aberrant in location and often requires some searching.
- This pulse is congenitally absent in approximately 10% of individuals.









#### IMPORTANT SITE OF PULSES

Radial artery: lies at the base of the thumb proximal to the 'bracelet' of wrist skin creases

**Brachial artery:** lies in the antecubital fossa medial to the biceps tendon.

Carotid artery: lies in the neck next to the thyroid cartilage

Femoral artery: felt in the groin below the inguinal ligament.

Popliteal artery: lies between the heads of the gastrocnemius→ المنافقة خلف الكسة

Posterior tibial artery: felt right down behind the medial malleolus. الكب الإسبية جـ

Dorsalis pedis artery: felt between the heads of the first and second metatarsals.

علامية العص ، هناك عالمين

Observe

regular > 15 second x4 | rregular > 1 minute

rate (number of beats per minute)

- <60: bradycardia السيوات ×
- >100: tachycardia

rhythm (regular, irregular)

volume (force) of the pulse (weak, strong)

Record the pulse on to the observation chart and report any abnormal results to the doctor/nurse in charge

Leave clinical area tidy and perform hand hygiene

Normal pulse rate: 60 – 100 beats per minute, regular rhythm

# RESPIRATORY RATE

 Be aware that if a patient is aware that you are checking their respiratory rate, their breathing pattern may change. If possible, record respirations while the patient is unaware. Palpate radial artery as if taking the pulse to prevent patient knowing respiratory rate is being assessed.

المهم المك ما تكلي للموعي المك رع تقيس سرعة بعسه علامه رع بعيرها

# Respiration should be observed for rate, depth and pattern of breathing

عسب الشهيق والزفير . **Rate**: the normal rate for an adult at rest is 12-20 breaths per minute

Depth: the depth of respiration is the volume of air moving in and out with each respiration. The normal tidal volume for an adult is about 500ml and should be constant with each breath. A spirometer can be used to measure the precise amount

**Pattern**: changes in the pattern of respiration are often found in disorders of the respiratory control centre. Some causes for a change in pattern are anxiety, ketoacidosis, extreme exertion, fear, fever and midbrain lesions

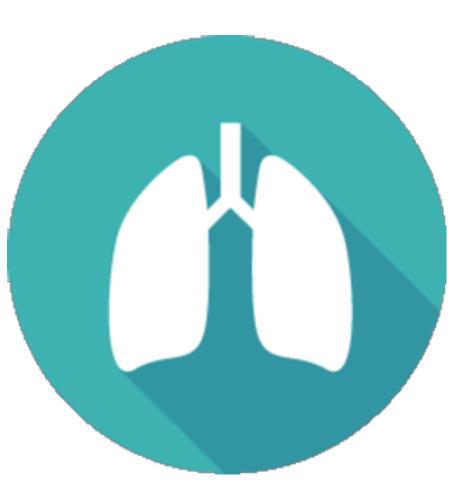


# Normal respiratory rate: 12 – 20 breath per minute:

<12: Brady apnea</p>

• >20: Tachypnea

Count for one minute



## TEMPERATURE

The normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption, time of day, and, in women, the stage of the menstrual cycle. Normal body temperature can range from 36.5 degrees to 37.2 degrees C for a healthy adult.

- < 36.5 : Hypothermia</li>
- > 37.2 : Hyperthermia



A person's body temperature can be taken in any of the following ways:

Orally. Temperature can be taken by mouth using either the classic glass thermometer, or the more modern digital thermometers that use an electronic probe to measure body temperature.

Rectally. Temperatures taken rectally (using a glass or digital thermometer) tend to be 0.5 to 0.7 degrees F higher than when taken by mouth.

fahrenheit

Axillary. Temperatures can be taken under the arm using a glass or digital thermometer. Temperatures taken by this route tend to be 0.3 to 0.4 degrees

Flower than those temperatures taken by mouth.

By ear. A special thermometer can quickly measure the temperature of the ear drum, which reflects the body's core temperature (the temperature of the internal organs).

By skin. A special thermometer can quickly measure the temperature of the skin on the forehead.

# BLOOD PRESSURE



# صروري تحصروا الميديو، مشان تعثبتوا المطوات

# Equipment





sphygmomanometer

stethoscope

وضعية المريض: • يقعد على المقعد والظهر مستقيم والقدمين غير متقاطعين (uncross)

• واليد يجب ان تكون على مستوى القلب ومكشوفه من الملابس الى الكتف (patient's arm should be expected to the shoulder)

#### Physical examina المطوات الدساسية لله

Introduce self, gain consent and co-operation

Perform hand hygiene, roll up sleeves, remove watch

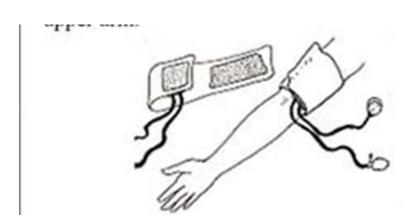
هرا السؤاك صروري تسأله للمربض

Ask patient if they have had any tea, coffee, been smoking or exercised in the last half an hour

Assess which **arm would be the <u>most suitable</u>** (i.e. presence of البر آليان dialysis fistula, PICC line, residual arm paraesthesia or oedema)

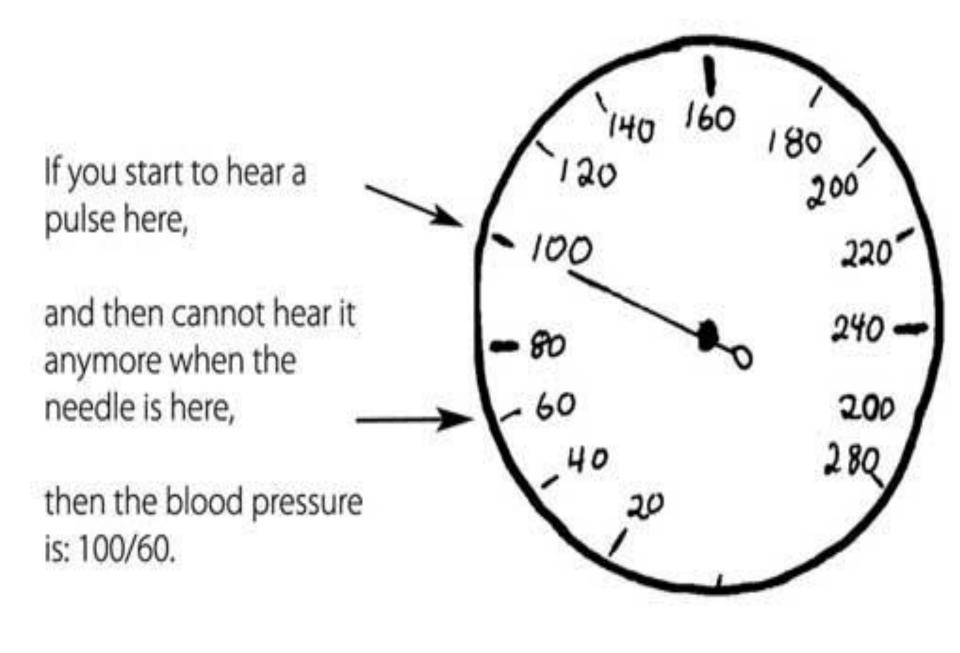
Choose correct sized cuff and place it on correctly ensuring the cuff is placed 2-3 cm above the antecubital fossa

کم سیوات



- Correct position of arm (antecubital fossa in line with heart, arm slightly flexed and well supported on table or pillow)
- Inflate cuff and note when pulse can no longer be felt then release cuff
- Place stethoscope over the brachial artery on the medial aspect of the antecubital fossa using diaphragm side
- [5] Inflate cuff to 20-30 mmHg above level noted previously and
- drop the dial/pressure gauge slowly no faster than 2-3mmHg per second
- Listen and record correctly **Korotkoff sounds**. The appearance of audible sounds is called the **1st Korotkoff** sound and the pressure at which it appears on the sphygmomanometer is called the **systolic pressure**

Listen then for the disappearance of sounds. This is the <a href="5th">5th</a>
<a href="Morotkoff">Korotkoff</a> sound. The pressure at which they disappear on the sphygmomanometer is the <a href="diastolic pressure">diastolic pressure</a>



- Record blood pressure as the systolic value over the diastolic value to the nearest 2mmHg

  Record the blood pressure
- Leave clinical area tidy and perform hand hygiene Normal blood pressure:

Depends upon age and gender of patient

>140/90 mmHg: Hypertension



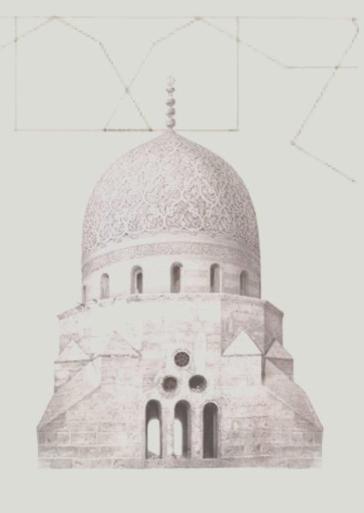
< 90/60 mmHg: Hypotension</li>

The pressure of blood in the vessels when the heart beats: systolic pressure

The pressure between beats when the heart relaxes: diastolic pressure

less than 120/80 mmHg

millimeters of mercury



قال رسول الله وسيلله:

ِ أَكْثَرُ مِن َ لِاسْتَغْفَارِ جَعَلَ الله لَهُ مِن كُلِّ هَم فَرَجًا ومز كُلَّ ضيق مَخرَجًا ورَزقَهُ مِن حَيث لا يحتَسِبُ".

رواه أنو داود .

لا تنسوا اهلنا بغزة من دعائكم 🤘 🔀

