

Introduction to Evidence Based Medicine:

Examination of the Vital Signs

- **Advice from McGee** (McGee S. Evidence-Based Physical Diagnosis. Phil: WB Saunders Co, 2001):
 - **Pulse**
 - palpating the pulse for 30 seconds and then doubling the value is more accurate than quadrupling the value found by 15 seconds of palpation
 - heart rates <50 bpm or >120 bpm may indicate heart rhythms that are not sinus rhythm
 - **Respiratory rate**
 - the normal respiratory rate (RR) is ~20 breaths/min (range: 16-25). It is often mistakenly reported in textbooks as being much lower.
 - Tachypnea = RR of 25 or greater, Bradypnea = RR of 8 or lower
 - **Blood pressure**
 - cuffs that are too small overestimate BP. Cuffs that are too large underestimate BP.
 - do not apply too much pressure on the brachial artery with your stethoscope. This may artificially lower the measured value for DBP.
 - hypertension has many definitions. Clinically, hypertension is SBP >140 **or** DBP >90
 - **Temperature**
 - each of the following measurements are ~0.5°C greater than each other:
 - Rectal > oral > axillary/tympanic

- all temperatures $>38^{\circ}\text{C}$ are clinically a fever regardless of where the temperature was taken
- if a patient reports that they believe they have a fever, they are very often correct
- if the patient's forehead is abnormally warm on palpation, it argues for the presence of a fever