

Nurses need know appropriate clinical range when taking observations

When taking observations from patients with learning disabilities remember that generalisations may be inappropriate, say Andrea Page and Melanie Wakeman

All nursing students are taught a range of core nursing skills in their first year at Birmingham City University. These include nursing observations such as taking manual blood pressure, tympanic temperature and pulse, and assessing an individual's respiration.

The observations enable nursing students to detect changes in the individual's condition quickly and accurately. They can be reported to mentors on placement so that appropriate actions can be decided. Undertaking nursing observations is a fundamental element of care.

Observations should not be taken in isolation, and nursing students need to know the appropriate clinical ranges for their patient population, and child or adult ranges. However, we believe that determining whether findings are 'normal' for the age of the individual may be problematic with some learning disability patients.

#### Physiological impact

The book *Physical Health of Adults with Intellectual Disabilities* (Prasher and Janicki 2002) has established that 'much of our knowledge regarding physical health issues in adults with intellectual disabilities is based primarily on generalisations from clinical and research findings on the general population'.

Second-year students revisit these skills in a session designed to enable them to synthesise and apply their anatomical and physiological knowledge to learning disability individuals. Yet there is a lack of research on whether profound or multiple learning disabilities affects observation findings.

Most textbooks note factors that affect readings, such as posture, exercise and neural mechanisms. But we have found none that consider the potential physiological impact of having a learning disability, and in particular the impact that a profound and multiple learning disability (PMLD) may have on the individual.

#### Rewriting textbooks

We explore the following considerations with second-year nursing students to generate further discussions on this issue and with a view to influencing textbooks used as reference materials in future.

The discussions centre on whether nurses should take into account the known physical, neurological and health issues during nursing observations. Students can also talk about the issue of health placements versus social care placements and how the majority will rely on GPs to take observations.

## Baseline data

This means there is often no baseline data taken when the individual is well, and it is questionable to place so much emphasis on the readings being inside or outside the normal clinical ranges as such ranges may be inaccurate for the individual. Observational data obtained by a GP may not consider the potential physiological alterations.

It is our belief that learning disability nurses need to become more involved with these processes.

In our lesson plans we describe observations of respiration, pulse, temperature and blood pressure, describing these mechanisms and looking at factors that need to be considered when making these observations with patients who have learning disabilities.

Table1 outlines the lesson plan we use for temperature, and highlights possible altered physiological considerations.

### Consider variations

We encourage students to consider the potential variation for each observation. Would they expect the individual clinical observation parameter to be higher, lower or within the normal clinical range? There are no definitive answers, but we emphasise the importance of baseline measurements when the individual is well. We discuss the frequency and duration for recording such observational data.

It should be noted that when students identify individuals they have cared for on placement a pseudonym is used to maintain confidentiality.

This set of ideas is being implemented in practice by our students who qualify and work within local placements. As educators, we have a responsibility to support the unique situations that learning disability nurses experience with regard to abnormal observational data. On the basis of sharing good practice we would like to invite feedback and further discussion on this subject.

*Prasher VP, Janicki MP (2002) Physical Health of Adults with Intellectual Disabilities. Blackwell, Oxford.*

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