

Chiropractic Assistants Mandatory Training

Training – Taking vitals

Hours - Two

Due date – Prior to first renewal date (last day of birth month)

Documentation – The completed Board-prescribed form must be submitted to the OBCE.

Requirement Details: This is a one-time requirement. It is the supervising DC’s responsibility to teach the CA verbal and hands-on instruction on how to take a patient’s vitals. For the hands-on portion of the training, 20 checks of each of the following must be performed, and documented using the Board’s prescribed form (page 2):

1. Height
2. Weight
3. Blood pressure
4. Pulse
5. Respiration *
6. Body temperature

* *Measuring respiration can be done by auscultation (listening with a stethoscope) to count the breaths or observing movements of the chest.*

NOTE: Your supervising DC may provide the vitals training for you, or a clinic may hire other professionally trained personnel to perform the training.

EXCEPTION to the vitals training requirement - CAs with current (Oregon) dual licenses (under which they have already been trained in the taking of vitals and who can submit proof of the training) are exempt from the Vitals CE mandate.

Other Vitals Training Resources *(The online lectures do not meet the required hands-on hours, but they are worth additional CE credit)*

Judith Allan DC	One Sunday/month 1-4 pm		To Register: Call (503) 516-5226
	Jan 12 Feb 9 March 8 April 5 May 17 June 14	July 12 Aug 9 Sept 13 Oct 4 Nov 8 Dec 6	
OnlineCE	Vital Signs CA20		Register Online
CACredits.org	Vital Signs for CAs		Register Online
Univ of Western States	CL 3291 Vitals		Register Online , or Call (800) 215-3716
OR Chiropractic Association	Vitals (Andrea Herrst DC)		Register Online , or Call (503) 256-1601

Oregon Board of Chiropractic Examiners – Vitals Continuing Education Certificate and Log

CA's Name: _____ Cert # _____ Date: _____

	Date	Patient's Initials	Male/ Female	Height	Weight	BP	Pulse	Resp/Min	Temp.	DC's Initial
1.					lbs	/	bpm		° F	
2.					lbs	/	bpm		° F	
3.					lbs	/	bpm		° F	
4.					lbs	/	bpm		° F	
5.					lbs	/	bpm		° F	
6.					lbs	/	bpm		° F	
7.					lbs	/	bpm		° F	
8.					lbs	/	bpm		° F	
9.					lbs	/	bpm		° F	
10.					lbs	/	bpm		° F	
11.					lbs	/	bpm		° F	
12.					lbs	/	bpm		° F	
13.					lbs	/	bpm		° F	
14.					lbs	/	bpm		° F	
15.					lbs	/	bpm		° F	
16.					lbs	/	bpm		° F	
17.					lbs	/	bpm		° F	
18.					lbs	/	bpm		° F	
19.					lbs	/	bpm		° F	
20.					lbs	/	bpm		° F	

Certification

I certify that the above-named chiropractic assistant (CA) completed 2-hours didactic training under my instruction on how to take a patient's vitals. In addition, my initials at each entry above certifies that I oversaw each practical exercise. The above-named CA now has the necessary skill to take a patient's vitals, and record them appropriately. *(Send a copy of this completed form to the OBCE.)*

Supervising DC Name (Print): _____ **DC Signature:** _____

Date: _____