Hudson River HealthCare Competency Checklist for Blood Pressure Measurement

Employee Na	ame/ Title:
Date:	
Trainer Nan	ne:
Competency	is validated by (simulated) observation, oral discussion and/or return demonstration.
Prerequisite:	1) Blood Pressure Pre-test%
	2) Hypertension review Date
	3) Blood pressure Post-test%
	4) View "BHS Blood pressure measurement" Date
	5) "BHS Video assessment", Date Level of accuracy/%
	6) Instructional mannequin "Date Level of accuracy/%
	7) Level of accuracy with live subjects/%

Blood pressure measurement is an important indicator of the current clinical condition of pts., and a powerful predictor of future cardiovascular overall health (The sixth report of the joint national committee on prevention, detection, evaluation and treatment of HBP).

Task	Satisfactory	Unsatisfactory
Gather equipment: stethoscope, calibrated sphygmomanometer, tape measure, chair and BP cuff.		
Explain procedure to patient.		
Patient needs to be resting approximately 5 min. before measurement.		
Identifies conditions or factors for BP variation.		
Position pt with their feet on floor, legs uncrossed and their back supported.		
Expose the pt's arm at least 5 inches above the elbow: Sleeve can be rolled up but must be able to fit finger under it Or remove constrictive clothing.		
Assess for correct size cuff. The bladder should encircle and cover two-thirds of the width of the arm: Squeeze all air out of cuff before applying to patient.		
Arm is supported, at pt. heart level, palm of hand turned up		
Place cuff on bare arm. The center of the bladder should be positioned over the line of the artery. The lower edge of the bladder should be 2-3 cm (1 inch) above the marked point.		
Determine the palpatory systolic pressure by palpating for the brachial/radial artery, closing the valve, and pumping up the cuff. When the pulse is no longer felt, this is the palpatory pressure. This is you palpatory systolic pressure; recall this number. Release the air form the cuff, and wait 30 seconds.		
Add 30mm Hg to the palpatory systolic pressure. This will be your starting point for Blood pressure measurement.		

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Position the diaphragm of the stethoscope over the brachis	al pulse site.			
Check stethoscope amplification for sound.				
Position the diaphragm of the stethoscope over the brachis	al pulse site.			
Close the valve on the bulb and inflate the cuff to the appr	ropriate # mmHg.			
Deflate at 2mmHg/ heartbeat (SLOW DOWN!).				
When you hear the first sound, note the reading on the mathematical the systolic pressure. Continue to allow air to escape and manometer/needle gauge.				
At the absence of any more sounds, note the reading on the manometer. This is the diastolic pressure.				
Release the remaining air in the cuff by opening the valve completely and remove the cuff.				
If need to reinflate to check for accuracy completely deflate, wait, 1-2 minutes and then reinflate.				
Document in pt. record, pt. position, arm used, cuff size, be measurement to the nearest 2mmHg, and any deviations for protocol that were unavoidable.				
Competency Achiev	ved MET NOT MET			
Corrective action plan (if not met):				
Staff Member Signature	Date			
Reviewer Signature	Date			

- Neither pt nor clinician should talk.
- * One step-method: observer will inflate cuff to 30 mmHg above pt. usual systolic pressure as starting point for BP measurement.

Classification of Blood Pressure level in Adults	Systolic mm Hg	Diastolic mm Hg
Normal	<120	<80
Pre-hypertension	120-139	80-89
Stage 1 Hypertension	140–159	90–99
Stage 2 Hypertension	160	>100

^{*}AHA and NHLBI categories

^{*} Determine if the patient has any special conditions that limit which arm you use for taking the blood Pressure: Is there an intravenous line in the patient's arm? Are there wounds, an AV shunt, swelling, pain, or deformities in either arm? Do not take the bp in an arm with any of these conditions. If the patient has had a recent mastectomy, do not take the blood pressure on the side of the surgery.