CARE COMPASS NETWORK

Title: Guideline for How to Take Blood Pressure
Date Created: 05/20/2016
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Date Approved by Board of Directors: 06/14/2016
Clinical Guideline # CGC-CG-25

Guideline

Purpose: To establish a standard for how to take Blood Pressure to encourage consistent, quality care PPS-wide.

Clinical Guideline:

Manual Blood Pressure – Arm

Note: The following document is a clinical guideline based on evidence based medicine and recommended best practices for DSRIP purposes (American Heart Association & Center for Disease Control and Prevention). At no time should this document supersede existing hospital, practice, or state policies.

1. Patient should be seated.
2. Prepare the patient; ask them to roll up sleeve or otherwise bare arm. Have them remain seated for 3-5 minutes before taking the blood pressure.
3. While they are seated, select proper cuff size. If more than two fit, use the larger one.
4. Place cuff on bare upper arm. Ensure the artery marker is over the brachial artery.
5. Apply the cuff snugly, allowing for no more than two fingers underneath.
6. Support the patient's back and feet; ensure legs are uncrossed and feet are on the floor.
7. Keep the upper arm at heart level with the lower arm passively supported (i.e. resting on lap)
8. Keep the arm still during measurement cycle.
9. Position the stethoscope. On the arm you placed the BP cuff, palpate the arm at the antecubical fossa (crease of the arm) to locate strongest pulse sounds and place the bell of the stethoscope over the brachial artery at this location.
10. Inflate the BP Cuff. Begin pumping the bulb as you listen to the pulse sounds. When the BP cuff has inflated enough to stop blood flow you should not hear any sounds through the stethoscope. The gauge should read approximately 30-40 mmHg above the person's normal BP reading. If value is unknown, inflate cuff to 160-180 mmHg.
11. Slowly deflate the BP cuff. Begin deflation. The AHA recommends that the pressure should fall at least 2-3 mmHg per second. Anything faster will likely result in an inaccurate measurement.
12. Listen for systolic reading. Make note of the first occurrence of rhythmic sounds heard as blood begins to flow through the arty is the patient's systolic pressure. This may resemble a tapping noise at first.

13. Listen for the diastolic reading. Continue to listen as the BP cuff pressure drops and the sounds fade. Note the gauge reading when the rhythmic sounds stop. This will be the diastolic reading.
14. If blood pressure is equal to, or greater than, 140/90, let the patient rest for 5 minutes and repeat the reading to confirm accuracy.
15. Record in chart & advise provider if outside of normal range.

Automatic Blood Pressure – Arm

An automated BP monitor that is labeled with an unexpired biomedical sticker is considered commensurate with the aforementioned.

Competency

Purpose: To establish a standard for a clinical competency for hypertension to encourage a consistent level of care PPS-wide; this Clinical Competency shall be made available to all Partner Organizations, including those CCN Partner Organizations engaging in the 3.b.i. program and adopted by those without a comparable competency in place.

Clinical Competency Guideline: Have clinical staff take three consecutive readings verified & validated by credentialing clinical staff. Clinical staff must also take manual blood pressure (BP) to verify. Margin of error must be less than, or equal to, 10mmHg. Record appropriately (e.g., as per grid and guidelines above). This should be completed annually and reported to Care Compass Network (CCN) as appropriate.

	Trial 1	Trial 2	Trial 3
Clinician	S:	S:	S:
	D:	D:	D:
Validating Clinician	S:	S:	S:
	D:	S:	S:
Margin of Error (≤ 10 mmHg)			

When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care.

Clinical Guideline Board Approval History: 06/14/2016

Clinical Guideline Revisions:

Date	Revision Log	Updated By
05/20/2016	Initial Draft	R. Boland
06/14/2016	Board of Directors approval	D. Sculley

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network's senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.