



Exam 7

Seated Blood Pressure

Participant ID #:
 Acrostic:

Technician ID:
 Date: / /
 Month Day Year

1. Select the model of blood pressure device used.
- Dinamap (preferred for clinic visits)
 - Omron (used for home visits) → skip to 3

2. Cuff size:
- Cuff on upper arm OR Cuff on forearm
- Small adult (17 - 25cm)
 - Adult (25.1 - 33cm)
 - Large adult (33.1 - 40cm)
 - Thigh (40.1 - 50cm)

3. Device number:

4. Arm circumference: . cm

Not Done

Reason Not Done:

Seated Blood Pressure

5. Record time of day :
Record in military time (e.g. 5pm = 17:00)

6. First reading:

SBP

DBP

Pulse

7. Second reading:

SBP

DBP

Pulse

8. Third reading:

SBP

DBP

Pulse

9. Pulse Oximetry:

Not Done

Reason Not Done:

10. Was the participant using supplemental oxygen?

Yes No

What is the Flow rate? Liters/min

11. Mean of 2nd & 3rd readings:

SBP

DBP

Pulse

Comments:



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Seated Blood Pressure

Alerts and Referrals

Use the mean of the second and third blood pressure and pulse measurements for alerts and follow the criteria below:

Blood Pressure Values	Action
1. Systolic blood pressure greater than 210mmHg OR Diastolic blood pressure greater than 120mmHg	1. <i>Immediate referral to a health care provider</i>
2. Systolic blood pressure of 180-210mmHg OR Diastolic blood pressure of 110-120mmHg	2. <i>Referral to a health care provider within one week</i>
3. Blood pressure greater or equal 140/90mmHg	3. <i>Requires follow-up within two months</i>

Pulse > 130 —————> **Immediate referral to a health care provider**

Pulse Oximetry < 88 —————> **Referral to a health care provider within one week**

If an alert was identified:

Was the participant notified of the alert?

- Yes
- No