**Ambulatory Blood Pressure Monitoring Certification / Supervisor / Site Visit Checklist**

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| **DATE:** |  |  |  | |  | |  | **Field Center:** |  | | | | |
|  | **mo** |  | **day** | |  | | **year** |  |  | | | | |
|  |  |  |  | |  | |  | **Technician name/ID:** |  | | | | |
|  |  |  |  | |  | |  |  |  | | | | |
|  |  |  |  | |  | |  | **Supervisor:** |  | | | | |
|  |  |  |  | |  | |  |  |  | | | | |
| **Purpose of Evaluation:** | | | | | | | | | | | | | |
| **Certification** | | | |  | | **Supervisor QC Check** | | | |  | **Site Visit** |  |  |
|  | | | |  |  | | | | |  |  |  |  |

Please check the appropriate box if technician performance is satisfactory for each line item. Please note any comments or remedial action taken in ‘Comments’ section if performance was not satisfactory.

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| 1. | Communicates appropriately with participant regarding purpose, time requirement, and process of the ABPM using the OnTrak device |  |  |
| 2. | Identifies the non-dominant arm where the cuff will be placed |  |  |
| 3. | Asks participant to hold a proper position to measure arm circumference |  |  |
| 4. | Selects the appropriate cuff size using the table on the ABPM Home Tracking & Alert form |  |  |
| 5. | Checks whether the cuff bladder is inserted correctly into the cuff wrap |  |  |
| 6. | Localizes the pulse of the brachial artery and draw a dot |  |  |
| 7. | Places the cuff cover on the arm properly and places the cuff with arrow mark on cuff cover pointing at the dot on the arm. |  |  |
| 8. | Checks that cuff is firmly applied, in participant’s arm, but not uncomfortably tight |  |  |
| 9. | Checks the position of the tubing |  |  |
| 10. | Performs Power On of the BP monitor as instructed |  |  |
| 11. | Performs a manual BP using the OnTrak and records the first and second BP readings on the ABPM Home Tracking & Alert form |  |  |
| 12. | Instructs participant how to handle the device and how to temporarily remove the cuff |  |  |
| 13. | Records and communicates appropriately any alert level blood pressure |  |  |
| 14. | Demonstrates how to Power Off the device |  |  |
| 15. | Communicates with participant about issues participant may encounter during the study and actions participant should take |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Corrective Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor/ Site Visitor Name/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_