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Accurate Blood Pressure Measurement - Office

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Topics Covered

Accurate office measurement of blood pressure

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Checklist for Accurate Measurement of BP

Key Steps for Proper BP Measurements	Specific Instructions "BP" = Blood Pressure, "DBP" = Diastolic Blood Pressure, "SBP" = Systolic Blood Pressure	
Step 1: Properly prepare the patient	 Have the patient relax, sitting in a chair (feet on floor, back supported) for > 5 minutes. The patient should avoid caffeine, exercise, and smoking for at least 30 minutes before measurement Ensure the patient has emptied his/her bladder. Neither the patient nor the observer should talk during the rest period or during the measurement. Remove all clothing covering the location of the cuff placement. Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria. 	
Step 2: Use proper technique for BP measurements	 Use a BP measurement device that has been validated, and ensure that the device is calibrated periodically. Support the patent's arm (e.g. resting on a desk). Position the middle of the cuff on the patient's upper arm at the level of the right atrium (the midpoint of the sternum). Use the correct cuff size, such that the bladder encircles 80% of the arm, and note if a larger- or smaller-than-normal cuff size is used. Either the stethoscope diaphragm or bell may be used for auscultatory readings. 	
Step 3: Take the proper measurements needed for diagnosis and treatment of elevated BP/hypertension	 At the first visit, record BP in both arms. Use the arm that gives the higher reading for subsequent readings. Separate repeated measurements by 1-2 minutes. For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate SBP. Inflate the cuff 20-30 mm Hg above this level for an auscultatory determination of the BP level. For auscultatory readings, deflate the cuff pressure 2 mm Hg per second, and listen for Korotkoff sounds. 	
Step 4: Properly document accurate BP readings	 Record SBP and DBP. If using the auscultatory technique, record SBP and DBP as onset of first Korotkoff sound and disappearance of all Korotkoff sounds, respectively, using the nearest even number. Note the time of most recent BP medication taken before measurements. 	
Step 5: Average the readings	Use an average of ≥ 2 readings obtained on ≥ 2 occasions to estimate the individual's level of BP.	
Step 6: Provide BP readings to patient	Provide patients the SBP/DBP readings both verbally and in writing.	

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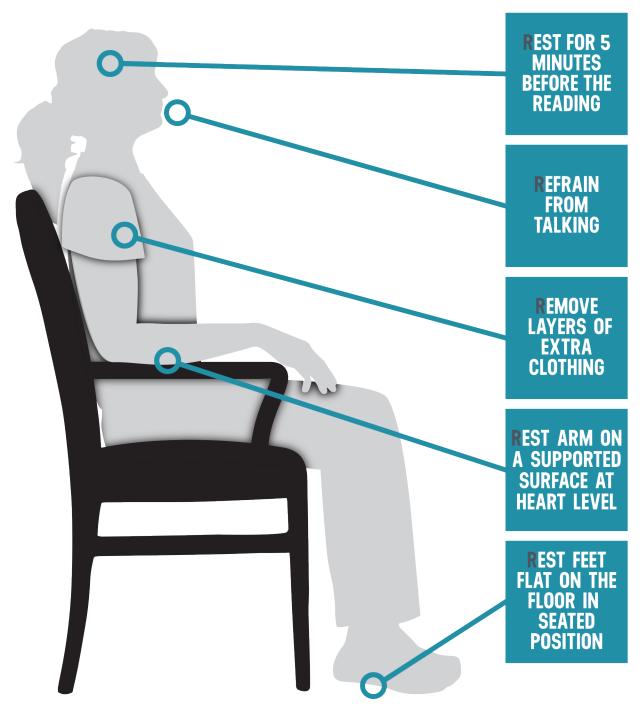


2017 ACC/AHA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure

Adapted with permission from Mancia et al. (3) (Oxford University Press), Pickering et al. (2) (American Heart Association, Inc.), and Weir et al. (4) (American College of Physicians, Inc.)

Accurate Blood Pressure Readings

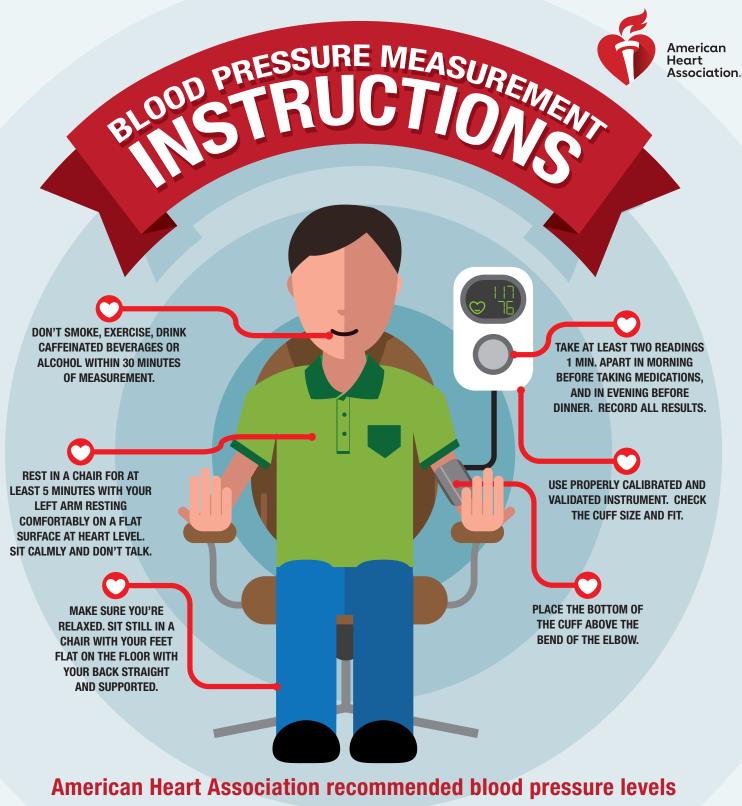




TAKE 2 BLOOD PRESSURE READINGS 1 MINUTE APART

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BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120



* Wait a few minutes and take blood pressure again. If it's still high, contact your doctor immediately.

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