

Recommended Guidelines for Blood Pressure Measurement

1. Have patient seated in a chair with back supported, legs uncrossed, and the arm positioned at the level of the heart.
2. Allow patient to rest 5 minutes before checking blood pressure. Allow at least one minute in between measurements when taking multiple measurements on the same arm. Instruct patient to not speak during blood pressure measurement.
3. Make sure the cuff is the appropriate size for the patient's arm. Use the white line printed on the blood pressure cuff as a guide to determine if the cuff is the appropriate width for the patient's arm. Also, the cuff should not be greater than 80% of the length of the patient's arm.
4. The blood pressure can be measured on the patient's forearm if the cuff does not meet the size requirements. Documentation should reflect that the blood pressure was taken on the forearm.
5. A pediatric cuff can be used if the patient's upper arm is too small for the standard adult size cuff.
6. The cuff should be placed on the patient's upper arm at least one inch above the elbow crease, so that the bell of the stethoscope can be placed over the area where the brachial artery is the most palpable without being underneath the blood pressure cuff.
7. The cuff should be placed on the patient's bare skin. The arm should not be rolled up and creating a tourniquet effect on the patient's upper arm.
8. The patient's arm should be held at the level of the heart in order to get the most accurate measurement. Support the patient's arm so that the arm is relaxed, as muscular contractions can increase systolic pressure.
9. The cuff should be inflated to 30 mm hg over when the brachial artery is palpable or auscultated through the stethoscope.
10. The cuff should be deflated at a rate of 2 mm hg per heart beat in order to obtain an accurate measurement
11. Two readings are recommended with the average of the two measurements to be used. During an initial assessment, the blood pressure should be measured in both arms and the arm with the higher reading should be used for all follow up visits.
12. If the Korotkoff sounds are heard all the way to zero, the point at which the sounds became muffled should be used for the diastolic reading. Alternately, the blood pressure can be documented using 3 numbers, including the systolic, then the point at which the sound became muffled, and then the point at which there was no more sound. For example, 120/60/0
13. If the lower extremity is the only option for blood pressure measurement, the thigh can be used with the popliteal artery auscultated for the measurement.