



Public Health
Prevent. Promote. Protect.

BLOOD PRESSURE SCREENING Procedure North Dakota Million Hearts Stakeholder

See screening Algorithm

PROCEDURE:

1. Have the appropriate type of documentation (HC Standard or paper log) available.
2. Review with client the known factors that may affect blood pressure reading (coffee, exercise, anxiety, smoking within the past 30 minutes.) Review past medical history.
3. Have Client sit quietly for 1-5 minutes with back supported and feet flat on the floor. Surrounding environment should be as quiet as feasible for the setting. Client's arm should be supported on a firm surface at the heart level, slightly flexed at the elbow.
4. Determine and use appropriate size Blood pressure cuff.
5. Client's upper arm should be bare. Avoid the binding effect of rolling up sleeve. (As the setting allows.)
6. Wrap the cuff snugly around the bare upper arm. The lower edge should be centered two finger widths above the bend of the elbow, and the midline of the bladder should be over the brachial artery pulsation.
7. The dial should be clearly visible and facing the screener.
8. Using light pressure, position the stethoscope with the bell side down over the brachial artery and not touching the cuff.
 - Estimate systolic pressure
 - Palpate radial artery
 - Inflate the cuff slowly to the point where the pulse disappears. This is the systolic pressure. (At nurses discretion, as the setting allows.)
 - Measuring Blood Pressure
 - Rapidly inflate the cuff to 30 mmHg above the estimated systolic pressure.
 - Deflate cuff at a steady rate of 2 to 3 mmHg/sec.
 - Note and record the Systolic and Diastolic readings.
9. If reading is between $<120/<80$ or $<139/<89$ – provide education and importance of blood pressure monitoring. Advise to complete a recheck in 2 years.
10. If initial reading is elevated $>140/90$, have the client rest for 1-5 minutes and recheck blood pressure.
11. If second blood pressure reading remains elevated, client will be referred to client's primary medical provider for evaluation.
12. NOTE: Clients with $SBP>160$ or $DBP>100$ Hypertension Stage 2 and $SBP >180$ or $DBP>110$ Hypertensive Crisis provide immediate referral to provider and possible arrangement for transportation if in hypertensive crisis.
13. General education on blood pressure control could include:
 - a. Weight loss and exercise
 - b. Reduce sodium intake
 - c. Decrease Alcohol and avoid stimulants
 - d. Smoking cessation
 - e. Reduce Stress

Adopted: January 2016