Student Name	Date	Instructor's name
Student Name	Date	ilistructor s manne

## **Skill 11-5**

## **O**BTAINING A **B**LOOD **P**RESSURE **R**EADING

			S	U	Comments
1.	Peri	form hand hygiene.			
2.	Intr	roduce self.			ū
3.	Ideı	ntify patient by identification band.			
4.	Exp	olain procedure.			
5.		ermine whether patient has ingested eine or has been smoking.			
6.	Prep	pare for procedure:			
	a.	Assemble all necessary supplies: sphygmomanometer, and stethoscope. Determine the correct cuff size. The cuff should be approximately 40% of the circumference of the extremity on			
		which the cuff is to be used.			
	b.	Provide privacy.			
	C.	Request that patient assume sitting or lying position. Be certain room is quiet and warm.		٠	
	d.	Determine site for blood pressure measurement. Do not apply cuff to arm when in the following situations:			
		(1) Catheter is in antecubital fossa and fluids are infusing.			
		(2) Arteriovenous shunt is in place.			
		(3) Breast or axillary surgery has been performed on that side.			
		(4) An arm or hand has been traumatized or is diseased.			
		(5) A lower arm cast or bulky bandage is in place.			

			S	U	Comments
7.	Implement procedure:				
	a.	Apply cuff to bare arm with patient's palm facing upward. Do not hyperextend. The cuff is applied 1 to 2 inches above the antecubital space. The cuff is centered over the brachial artery. The patient's upper arm is held at the level of the heart, and the lower arm is rested on a firm surface.	٥		
Loc	ation	of the brachial artery and placement of the	cuff.		
	b.	Palpate radial artery.			
	c.	Inflate cuff. Note the point on the manometer gauge when the radial pulse is obliterated.			
	d.	Deflate the cuff. Rest arm for 1 minute.	_	_	
	e.	Palpate the brachial artery and place the bell or the diaphragm of the stethoscope over it.	_	_	
	f.	Reinflate cuff to 30 mm Hg above point at which radial artery was obliterated. Estimating prevents false-low readings that possibly result from the presence of this auscultatory gap. This phenomenon occurs in about 5% of adults and is prevalent in individuals with hypertension.	٥		
	g.	Slowly deflate cuff. Cuff is deflated at a rate of 2 mm Hg per second. Note the point at which the pulse is heard. Note the point at which no pulse is heard.	0		
	h.	When the Korotkoff sounds are no longer audible, continue to listen for another 10 to 20 mm Hg.			
	i.	Completely deflate and remove the cuff.			
	j.	Assist the patient to dress.		۵	
8.	Wri	ite down reading.			
9.	Per	form hand hygiene.			

		S	U	Comments
10.	Document reading on graphic flow sheet.			
11.	Follow up by reporting abnormal readings immediately.			
12.	Do patient teaching.			