**BP Measurement**

**Validated Equipment Used:**

* Aneroid manometer calibrated every 6 months
* Electronic device validated by –
  + American Association of Medical Instrumentation
  + British Hypertension Society
  + European Society of Hypertension International Protocol

**Proper Preparation and Technique:**

* Patient rests 5 minutes or more before BP check
* Seated and back supported
* Both feet flat on floor
* Arm bare (no overlying clothing)
* Cuff sufficiently large for arm
* Cuff 3-4 cm above elbow crease
* Cuff at midsternal level, arm supported
* Center of cuff bladder over brachial artery
* No talking by patient or health care provider
  + “I will not be talking back and forth with you while taking the blood pressure, this makes it more accurate”

**For Auscultation Measurement:**

* Increase pressure rapidly to 30 mm Hg above disappearance of radial pulse (systolic BP by palpation) to exclude systolic auscultatory gap
* Deflate cuff at rate of 2 mm Hg/sec or 2 mm Hg/beat
* Record BP to nearest 2 mm Hg on manometer
* Take 3 measurements, 1 minute apart, drop first measurement, average last 2
  + For GJ VA: record lowest measurement

**For Electronic Devices that take 3-6 Sequential Measurements Automatically:**

* Observe first measurement to confirm cuff position and that device working
* Patient left alone after first measurement

**Nord, Stults, Rose, Underwood, Williams, et al. (2012). Optimizing Office Blood Pressure Measurement at a VAMC. Federal Practitioner, May, 2012**