



## Exam 7

### Seated Blood Pressure

Participant ID #:

Acrostic:

Technician ID:

Date:  /  /   
Month Day Year

1. Select the model of blood pressure device used.

- ☐ Dinamap (preferred for clinic visits)  
☐ Omron (used for home visits) → skip to 3

2. Cuff size:

- Cuff on upper arm OR Cuff on forearm
- ☐ Small adult (17 - 25cm) ☐ Adult (25.1 - 33cm)  
☐ Adult (25.1 - 33cm) ☐ Large adult (33.1 - 40cm)  
☐ Large adult (33.1 - 40cm)  
☐ Thigh (40.1 - 50cm)

3. Device number:

4. Arm circumference:  .  cm  
(To nearest 0.1 cm)

### Seated Blood Pressure

5. Record time of day  :   
*Record in military time (e.g. 5pm = 17:00)*

6. First reading:

SBP   
DBP   
Pulse

7. Second reading:

SBP   
DBP   
Pulse

8. Third reading:

SBP   
DBP   
Pulse

9. Pulse Oximetry:

10. Was the participant using supplemental oxygen?

☐ Yes ☐ No

What is the Flow rate?  Liters/min

11. Mean of 2nd & 3rd readings:

SBP   
DBP   
Pulse

Comments:



## Exam 7

### Seated Blood Pressure

#### Alerts and Referrals

Use the mean of the second and third blood pressure and pulse measurements for alerts and follow the criteria below:

Blood Pressure Values	Action
1. Systolic blood pressure greater than 210mmHg OR Diastolic blood pressure greater than 120mmHg	1. <i>Immediate referral to a health care provider</i>
2. Systolic blood pressure of 180-210mmHg OR Diastolic blood pressure of 110-120mmHg	2. <i>Referral to a health care provider within one week</i>
3. Blood pressure greater or equal 140/90mmHg	3. <i>Requires follow-up within two months</i>

**Pulse > 130** —————> **Immediate referral to a health care provider**

**Pulse Oximetry < 88** —————> **Referral to a health care provider within one week**

*If an alert was identified:*

Was the participant notified of the alert?

- ☐ Yes
- ☐ No