

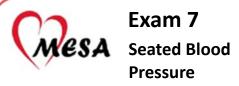
Participant ID #:		Acrostic:	
Technician ID:	Date:	Month Day	Year
d.	7. Second reading:	SBP	

\ /	Pressure	Technician ID:
_	f blood pressure of eferred for clinic If for home visits)	visits)
2. Cuff size: Cuff on upper arm Small adult (17 Adult (25.1 - 33 Large adult (33. Thigh (40.1 - 50	- 25cm) O cm) O	off on forearm Adult (25.1 - 33cm) Large adult (33.1 - 40cm)
3. Device number:		
4. Arm circumference (To nearest 0.1 cm)		cm
Seated Blood Press	ure	
5. Record time of day Record in military tim	e (e.g. 5pm = 17:00))
6. First reading:	SBP DBP	
	Pulse	

Date:		<u> </u>
	Month Day	Year
7. Second reading:	SBP	
	ДВР	
	Pulse	
8. Third reading:	П	\Box
	SBP L	
	DBP	
	Pulse	
9. Pulse Oximetry:		
10. Was the participant u	sing supplemental o	xygen?
O Yes O No)	
What	is the Flow rate?	Liters/min
11 Mean of 2nd &		

3rd readings:	SBP	Ш
	DBP	
	Pulse	

Comments:



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

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?

- O Yes
- O No