

Student name.....  
 Teacher name.....  
 Date / / 2021-2022

Procedure		VITAL SIGNS – ASSESSING BLOOD PRESSURE	D	M	A	S	I
No.	Skill steps	Rational	0	1	2	3	4
1	Prepared procedure equipment: - Patient medical record - Vital sign chart - Sphygmomanometer - Stethoscope - Hand rub gel - Plastic tray	Organizing skill equipment facilitate accurate skill performance					
2	Verbally confirm the identity of the client by asking for their full name and date of birth. If client unable to confirm, check identity with family.	Identifying the patient ensures the right patient receives the intervention and helps prevent errors.					
3	Greet the client, introduce yourself and take permission.	To promote mutual respect and put client at ease.					
4	Close doors and/or use a screen.	Maintains client’s privacy and minimize embarrassment.					
5	Explain the purpose and the procedure to the client.	Providing information fasters cooperation and understanding					
6	Adjusted the height of the bed.	To provide comfortable work place and prevent back pain.					
7	Wash hands using effective techniques	Hand washing prevents the spread of microorganisms.					
8	Have the client assume a comfortable lying or sitting position with the forearm supported at the level of the heart and the palm of the hand upward. If the measurement is taken in the supine position, support the arm with a pillow. In the sitting position, support the arm yourself or by using the bedside table.	The position of the arm can have a major influence when the blood pressure is measured; if the upper arm is below the level of the right atrium, the readings will be too high. If the arm is above the level of the heart, the readings will be too low.					
9	Select the appropriate arm for application of the cuff.	Measurement of blood pressure may temporarily impede circulation to the extremity.					
10	Expose the brachial artery by removing garments, or move a sleeve, if it is not too tight, above the area where the cuff will be placed.	Clothing over the artery interferes with the ability to hear sounds and can cause inaccurate blood pressure readings. A tight sleeve would cause congestion of blood and possibly inaccurate readings.					
11	Palpate the location of the brachial artery.	Pressure in the cuff applied directly to the					

	Center the bladder of the cuff over the brachial artery, about midway on the arm, so that the lower edge of the cuff is about 2.5 to 5 cm (1 to 2 inches) above the inner aspect of the elbow.	artery provides the most accurate readings. If the cuff gets in the way of the stethoscope, readings are likely to be inaccurate.				
12	Wrap the cuff around the arm smoothly and snugly, and fasten it.	A smooth cuff and snug wrapping produce equal pressure and help promote an accurate measurement.				
13	Check that mercury manometer is in the vertical position and that the mercury is within the zero level with the gauge at eye level.	Inaccurate calibration or improper height for reading the gauge can lead to errors in determining the pressure measurements.				
14	Palpate the pulse at the brachial or radial artery by pressing gently with the fingertips.	Palpation allows for measurement of the approximate systolic reading.				
15	Tighten the screw valve on the air pump.	The bladder within the cuff will not inflate with the valve open.				
16	Inflate the cuff while continuing to palpate the artery. Verbally note the point on the gauge where the pulse disappears.	The point where the pulse disappears provides an estimate of the systolic pressure. To identify the first Korotkoff sound accurately, the cuff must be inflated to a pressure above the point at which the pulse can no longer be felt.				
17	Deflate the cuff and wait 15 seconds.	Allowing a brief pause before continuing permits the blood to refill and circulate through the arm.				
18	Place the stethoscope ear pieces in your ears. Direct the ear pieces forward into the canal and not against the ear itself.	Proper placement blocks extraneous noise and allows sound to travel more clearly.				
19	Place the bell or diaphragm of the stethoscope firmly but with as little pressure as possible over the brachial artery.	Having the bell or diaphragm directly over the artery allows more accurate readings.				
20	Pumped the pressure 30 mm Hg above point at which systolic pressure was palpated and estimated. Slowly turned the screw valve on the air pump and let mercury fall slowly while noticing first clear sound (systolic pressure) and the last clear sound (diastolic pressure).	Systolic pressure is the point at which the blood in the artery is first able to force its way through the vessel at a similar pressure exerted by the air bladder in the cuff. The first sound is phase I of Korotkoff sounds. The point at which the sound disappears corresponds to the beginning of phase V Korotkoff sounds and is generally considered the diastolic pressure reading				
21	Restored the patient to a comfortable position.	This action provides comfort and safety.				
22	Informed the patient or relative if	To inform the client about his/her state and				

	appropriate, of the result.	the progression of his/her condition.				
23	Dispose of the equipment properly. Wash your hands.	Hand washing prevents the spread of microorganisms				
24	Record and Report an abnormal reading to the senior staff.	Documentation provides ongoing data collection				

**D- Dependent, M- Marginal, A-Assisted, S- Supervised, I- Independent.**