



# Measure accurately

## Staff competency for manual office blood pressure measurement

Clinical staff should be trained and tested on measuring blood pressure (BP) accurately. It is important for staff to understand the importance of accurate BP measurement for both in-office and out-of-office settings and to be able to explain these processes in a manner the patient will understand.

Using an essential competency\* like this not only helps demonstrate that staff is trained and can effectively perform BP measurement, it also helps strengthen the education staff provides to patients who will self-measure their BP.

### How to use competency form

- Competencies should be performed no less than twice annually
- Fill in name of employee and trainer
- Follow procedures step by step and determine if employee is following them correctly
- Based on the trainer’s observation, place a check mark in either the column labeled “Meets competency” or “Needs more training”
- Use the following options to document the “Method of validation”:
  - If the trainer showed the employee how to do the procedure, and the employee then demonstrated the procedure, write “RD” for **return demonstration in a simulated patient setting**
  - OR
  - If the trainer observed the employee performing the procedure while providing direct patient care, write “PC” for **direct patient care observation**
- Both the employee and trainer should sign and date the competency form
- Completed competency form should become part of employee’s training file

\*This clinical competency is not intended to be comprehensive. Additions and modifications to fit local practice needs are encouraged.

# Office blood pressure using manual blood pressure device

Employee's name: \_\_\_\_\_

Trainer's name: \_\_\_\_\_

| Procedure  | Meets competency<br>(check if "yes") | Needs more training<br>(check if "yes") | Method of validation<br>RD: return demonstration<br>PC: direct patient care observation |
|--|--------------------------------------|---|---|
| Perform hand hygiene   |                                      |   |   |
| Greet patient and identify yourself to patient   |                                      |   |   |
| Explain the procedure to patient   |                                      |   |   |
| Ask if patient needs to use the bathroom and allow them to do so if needed   |                                      |   |   |
| Have patient sit in a chair and rest   |                                      |   |   |
| Use correct cuff size to measure BP  |                                      |   |   |
| Position cuff correctly on patient's upper arm (against bare skin and properly aligned with brachial artery)   |                                      |   |   |
| Ensure patient is properly positioned: <ul style="list-style-type: none"> <li>• Seated in chair with feet flat on floor or stool and back supported</li> <li>• Arm supported with BP cuff in place and positioned so BP cuff is level with patient's heart</li> </ul> Ask patient not to talk, use the phone, text or email during the procedure |                                      |   |   |
| Palpate radial pulse   |                                      |   |   |
| Inflate cuff to the point where radial pulse is obliterated, then pump up an additional 20–30 mm Hg  |                                      |   |   |
| Deflate cuff 2 mm Hg per second  |                                      |   |   |
| Note Korotkoff sounds 1 and 5 (systolic and diastolic BP)  |                                      |   |   |
| Remove cuff  |                                      |   |   |
| Perform hand hygiene   |                                      |   |   |
| Document BP in medical record per office protocol  |                                      |   |   |
| Report any abnormal results per office protocol  |                                      |   |   |

Comments: \_\_\_\_\_

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Confirmatory manual blood pressures

Employee's name: \_\_\_\_\_

Trainer's name: \_\_\_\_\_

| Procedure  | Meets competency<br>(check if "yes") | Needs more training<br>(check if "yes") | Method of validation<br>RD: return demonstration<br>PC: direct patient care observation |
|--|--------------------------------------|---|---|
| Explain to patient you will be taking two to three additional BP measurements  |                                      |   |   |
| Ask if patient needs to use the bathroom and allow them to do so if needed   |                                      |   |   |
| Use correct cuff size to measure BP  |                                      |   |   |
| Position cuff correctly on patient's upper arm (against bare skin and properly aligned with brachial artery)   |                                      |   |   |
| Have patient rest quietly for five minutes sitting in chair if they did not rest for five minutes for initial BP   |                                      |   |   |
| Ensure patient is properly positioned: <ul style="list-style-type: none"> <li>• Seated in chair with feet flat on floor or stool and back supported</li> <li>• Arm supported with BP cuff in place and positioned so BP cuff is level with patient's heart</li> </ul> Ask patient not to talk, use the phone, text or email during the procedure |                                      |   |   |
| Palpate radial pulse   |                                      |   |   |
| Inflate cuff to the point where radial pulse is obliterated, then pump up an additional 20–30 mm Hg  |                                      |   |   |
| Deflate cuff 2 mm Hg per second  |                                      |   |   |
| Note Korotkoff sounds 1 and 5 (systolic and diastolic BP)  |                                      |   |   |
| Note BP reading  |                                      |   |   |
| Repeat BP measurement one to two more times, one minute apart, noting BP measurement after each one  |                                      |   |   |
| Average all readings and document average in EHR   |                                      |   |   |

Comments: \_\_\_\_\_

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_