Nearly half of American adults have high blood pressure that can cause heart attacks, heart failure and strokes—and most of these patients do not have their hypertension under control.

The new hypertension guideline published by an American Heart Association-American College of Cardiology task force recommends physicians and their health care teams use self-measured blood pressure (SMBP) monitoring to confirm the diagnosis and to assess BP control in the management of high blood pressure.

And while there is not a universally accepted set of protocols for SMBP, practice staff can follow this training guide as a checklist for ensuring patients know how to take their own BP. This Target: BP™ educational video helps train care teams and patients on how to properly self-measure blood pressure (also available in Spanish).

**Provide background and purpose.** Patients should be trained by health professionals to accurately monitor their BP at home. By using the training list from Target: BP™, physicians and their health care teams can create a training plan that allows them to help patients achieve correct measurements.

When the medical team is trained and tested on measuring BP accurately, it demonstrates their ability to effectively teach patients to perform accurate measurements on their own.

The first step is to provide patients with background information and why self-measured blood pressure is important to their care. Team members should be able to explain SMBP, inform the patient of the positive benefits and share educational resources. Patients who understand the importance of SMBP will be more likely to remain engaged.

One Chicago-area practice provided educational materials to teach patients how to properly perform SMBP monitoring. The materials included a reference flyer with a checklist to aid in proper technique and a recording log to track blood pressure measurements.

URL: https://www.ama-assn.org/delivering-care/hypertension/8-steps-ensure-your-patients-get-their-bp-right
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Assist in device use. A significant portion of the patient training consists of teaching how to properly use the BP monitor. The health professional should ensure the patient has a cuff that fits, knows what to do if it does not fit and knows how to position the cuff correctly on their arm over bare skin. For further guidance, health care teams should refer to the manufacturer’s user manual.

Next, show the patient how to turn the device on and begin measuring their BP. After the cuff has deflated, the BP reading will be displayed. Explain to the patient which numbers represent the systolic and diastolic BP.

Help the patient prepare to measure BP. Patients should be instructed to use the bathroom, if needed, and to rest sitting in a chair for five minutes prior to taking their BP. Patients should also be informed not to talk, use the phone, text, email or watch TV during their measurement.

Others in the room should refrain from talking during the patient’s reading. Remind patients to wait at least 30 minutes after exercising or using caffeine or tobacco before they take their BP measurements.

Guide the patient to correct posture. Accurate readings require proper body positioning, as shown in this helpful Target: BP infographic. Proper positioning means patients must remain seated in a chair with back support, legs uncrossed and feet placed flat on the ground or supported by a stool. The patient should have the cuff positioned just above the elbow with the arm supported so the cuff is at the same level as their heart, which is about mid-chest.

Let the patient know how often to measure. Patients should take two readings, one minute apart. Between readings, patients should not remove the cuff. Patients should measure their BP in the mornings and evenings.

Prepare the patient for dealing with errors or problems. Show the patient how to start over if something goes wrong. Provide the patient with instructions on what to do if their readings show an abnormal BP. Share a phone number to call, if possible.

Show the patient how to document blood pressure data. Patients should document their readings in the SMBP log. They can record an average of their two readings or list each individually. Depending on the device used, there might be memory storage for the SMBP measurements.

Even if the machine does have the capability to store readings, the SMBP log provides a written reminder of when to measure blood pressure.

Ensure the patient understands how to correctly measure BP. To ensure comprehension, ask patients to “teach back” what they have learned. Correct any mistakes they might make and provide a second demonstration if needed. Printed reminders or tips can also help the patient remember the

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steps to take at home.

Taking these steps can improve outcomes. At a Chicago-area practice, the medical assistant averaged a patient’s SMBP results into a single systolic and diastolic blood pressure to record in their chart, allowing the physician to adjust treatment as necessary. The SMBP program at this practice resulted in an improvement BP-control rates in adult patients over a 12-month period and improved patient engagement in self-care for high BP.