
Measuring Blood Pressure Checklist

Prepare the Patient

- Ask patients to empty their bladder prior to checking blood pressure, to avoid elevated readings.¹
- Ensure clothing is not tight around the upper arm or covering the area where the cuff will be placed.^{1,4}
- Have patients sit in a chair, with both feet on the floor, back supported, and legs uncrossed.¹⁻³
- Allow patients to rest quietly for at least five minutes before checking blood pressure.¹⁻³
- Ideally, patients should not have engaged in activities that can raise blood pressure, such as:^{1,2}
 - Exercised within the last 30 minutes
 - Consumed caffeine within the last 30 minutes (at least one hour per Canadian guidelines)
 - Used nicotine within the last 30 minutes (at least one hour per Canadian guidelines)
- Avoid talking to or having patients talk while they are resting AND when taking blood pressure.^{1,4}

Proper Equipment

- Ensure automated equipment has been validated.¹
 - Ensure equipment has been calibrated according to policy timelines.^{1,2}
- Use the correct cuff size for each patient (e.g., small adult, adult, large adult, adult thigh).
 - When positioning the cuff, the bladder of the cuff should be at least 80%, but not more than 100% of the way around a patient's arm (use markings on the cuff to help with this).^{1,2,4}
 - The width of the bladder should be about 40% of the patient's arm circumference.⁴

Proper Technique

- Ensure the patient's arm is supported at the level of the heart.^{1,2}
- Place the cuff in the middle of the upper arm, 1 inch (about 2 to 3 cm) above the bend of the elbow.^{1,2,4}
 - The center of the cuff bladder should be placed directly over the brachial artery.^{1,2,4}
 - Cuff should be snug, allowing for only two fingers to slide between the arm and the cuff.⁵
- When taking a manual measurement (e.g., using a stethoscope and sphygmomanometer)
 - Determine pulse-obliteration pressure to avoid underestimation of blood pressure:^{1,5}
 - Place the bell or diaphragm of the stethoscope over the brachial artery.⁶
 - Inflate cuff to a pressure above which you can no longer hear the pulse.
 - Slowly and fully deflate cuff at a rate of about 2 mmHg per second.
 - Note pressure at which radial pulse reappears. This is the pulse-obliteration pressure.
 - Inflate cuff about 20 mmHg above the pulse-obliteration pressure.^{1,4}
 - Deflate the cuff by about 2 mmHg per second and note systolic and diastolic pressure.^{1,4}
 - Pressure when the first Korotkoff sound appears is the systolic blood pressure (SBP).
 - Pressure when all Korotkoff sounds disappear is the diastolic blood pressure (DBP).
- For a patient's first blood pressure measurement, check pressure in both arms.¹
 - If blood pressures differ between arms (e.g., >10 mmHg), use the arm with a higher pressure.^{1,2}
- Take two or three readings, separated by at least one minute, and average the readings.^{1,3}

Documenting Measurements

- Record average SBP and DBP and note where pressure was measured (e.g., right arm, left arm).^{1,2,4}
- Transfer blood pressures documented in progress notes to the vital signs section of the medical record.
 - This ensures all blood pressures are able to be reviewed when making treatment decisions.
- Note specifics that should be considered with the measurement (e.g., when blood pressure meds were last taken; recent exercise, tobacco, or caffeine; date; time of day).¹

More . . .

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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