OPTIONS northwest

Personal Support Services

POLICY: R-VI-4

**DEPARTMENT:** Personal Support Services **CATEGORY:** Health and Well-being - Specialized Procedures

EFFECTIVE DATE: August 2013

SUPERSEDES VERSION DATED: May 2008

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Policy & Procedure Manual

# BLOOD PRESSURE - BP - R-VI-4

#### POLICY:

Blood pressure should be taken on admission and on any client when deemed necessary.

All homes shall be equipped with an automatic blood pressure monitor.

### **PURPOSE:**

To establish a baseline.

To assist in evaluating a client's condition when monitoring vital signs.

## **EQUIPMENT:**

- Automatic Blood Pressure Monitor
- Pen and paper

### PROCEDURE:

Assess general condition of client. Blood pressure increases with intake of caffeine, smoking, big meals, vigorous exercise. If above conditions exist, wait 30 minutes before checking the blood pressure.

Depending on the type of blood pressure unit in the group home, staff will follow the manufacturer's guidelines for using the equipment.

- 1. Record the BP reading as follows: systolic/diastolic June 1, 2000 0930 B.P. 120/80 from rt. arm bed sitting position.
- 2. If necessary to repeat blood pressure, wait 1 2 minutes before repeating test to confirm the accuracy of the first reading. This allows blood trapped in the veins to be released.

Note: The normal range for B.P. is:

- systolic 95 140 mm. Hg. (mercury)
- diastolic 60 90 mm. Hg. (mercury)



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A difference of 5 - 10 mm. Hg. between arms is normal. Systolic pressure in lower extremities is usually 1 mm. Hg. higher than the readings of the upper extremities.

Document in the client's casebook, describing any unusual aspects of blood pressure (extremely strong, weak or faint, very high or very low readings). If blood pressure is abnormal, report to Supervisor/designate.

For blood pressure taken on admission, ensure results are entered on Kardex.

**RECOMMENDED BY:** Director, Personal Support Services

**APPENDICES**: 0

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services

Administration, Personal Support Services

**ORIGINAL POLICY DATE:** August 1994

**AUTHORIZED BY:** Executive Director

SIGNATURE: