



Nursing Competency

Obtaining a Blood Pressure on a Pregnant Patient

S: Satisfactory

NI: Needs improvement- comment required

Procedure Actions	S	NI	Comments
<p>Gathered appropriate BP supplies:</p> <ul style="list-style-type: none"> • Automatic BP machine: Must have documentation of being calibrated annually. • Manual BP Sphygmomanometer, stethoscope: Must have documentation of being calibrated annually. <p><u>Ensured Correct size BP cuff:</u></p> <ul style="list-style-type: none"> • Measured patient’s arm circumference: • Small Adult: less than 26 cm • Regular Adult: Greater than 26 cm and less than or equal to 34 cm • Large Adult: Greater than 34 cm and less than 44 cm • Extra Large Adult: Greater than 44 cm and less than or equal to 52 cm • Thigh Cuff: Greater than 50 cm <p>*Reminder: Check with your BP cuff manufacturer for accurate cuff sizes and measurements</p>			
<p>Ensured correct patient positioning and BP Guidelines are followed:</p> <ul style="list-style-type: none"> • Waited 5 minutes before assessing the patient’s BP • Ensure patient has emptied their bladder first • Sitting or semi-reclining position with back supported • Legs uncrossed • Feet flat on the floor if sitting a chair • Upper arm exposed without clothing • Forearm supported • Arm positioned at the level of the heart • No talking during the procedure • Checked for caffeine intake in the last 30 minutes • Checked if patient is a smoker in the last 30 minutes • Checked for any exercise in the last 30 minutes • Verbalizes and understanding: “If you get an elevated BP you do not just assume it is because of pain and ignore the result.” 			
<p>Ensured proper placement of BP cuff:</p> <ul style="list-style-type: none"> • Wrapped deflated cuff evenly around the upper part of arm lower border of cuff 2.5 cm (1 in.) above antecubital space) with center of cuff bladder over the artery. • The bladder of the cuff needs to encircle 80 % of the circumference of the arm. 			
Demonstrated ability to take an automatic BP			



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<ul style="list-style-type: none"> Verbalizes an understanding: If an elevated BP is noted but unwitnessed, the BP will need to be retaken witnessed to ensure all the guidelines above followed. 			
<p>Demonstrated ability to take a manual BP:</p> <ul style="list-style-type: none"> Positioned stethoscope earpieces in ears and placed diaphragm of stethoscope directly on skin over the brachial pulse site. Inflated cuff to 30 mmHg above the patient's last systolic BP. Released the valve on the cuff and deflated it at a rate of 2–3 mmHg/second. Noted point at which Korotkoff sounds began.(Systolic) Continued slowly releasing the air until the sound disappeared. (Diastolic) Does not leave cuff inflated for a prolonged period. Removed cuff from patient's arm. Deflated cuff completely and waited at least 2 minutes before rechecking blood pressure if needed. 			
<p>Documentation complete:</p> <ul style="list-style-type: none"> Systolic and Diastolic BP Arm BP taken Size cuff used 			

Registered Nurse demonstrated competency in assessing an accurate BP:

Date

Printed Name of RN

Signature of RN

Printed Name of Verifier

Signature of Verifier