



Clinic Checklist Pre ABPM Monitor Attachment

Date:	Time:	Monitor Nu	Monitor Number:		Cuff size:	
Clinic Bloo	d Pressure	Rt arm	mmHg	Pulse	bpm	
	a i ressure	Lt arm	mmHg			
ABPM Fitted		Rt arm	Lt arm 🔲	ВР	mmHg	
If the difference battached to the a	petween <mark>arms</mark> for Sy rm with the higher re	stolic is >20mmHg and/or eading.	Diastolic >10mmHg, th	e ABPM shou	ıld be	
Prior to attac	ching Monitor (AB	PM) – ask patient the fo	llowing questions:			
			1.0	\ \\ - \		
If 'yes' advise		tablets? drisk of bruising to uppe uld discontinue wearing t		YES	NO	
Are there any problems you are aware of which would prevent the patient from wearing an ABPM on a particular arm?(e.g. arm affected by a stroke or mastectomy) If 'yes' advise patient to wear ABPM on the unaffected arm.					NO	
Does the patient have tight-fitting jewelry to the arm chosen for ABPM i.e. YES watch, bracelet, rings? If 'yes' advise patient to remove them during the procedure.					NO	
Ensure the patient is aware of health & safety implications re monitor, cuff and tubing and work/leisure activities. Patients should be advised to avoid driving whilst ABPM is being worn.					NO	
Is the patient allergic to latex? If 'yes' ensure latex free cuff is fitted.				YES	NO	
Attach Ambi Pressure Mo	ulatory Blood onitor	 Explain correct use of ABPM to patient and give them an ABPM information Sheet. Advise that the ABPM should be discontinued if 			Signature	
		causing pain or excessive bruising to upper and/or lower arm.				
		 Advise that monitor is not waterproof and patient should not get the monitor wet. Inform on cuff positioning. 				
		Inform patient of when to return the machine to department and when to ring the department with any questions or concerns.				

Comments

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