Clinic Checklist Pre ABPM Monitor Attachment

Date: [Date]  Time: [Time]  Monitor Number: [Monitor Number]  Cuff size: [Cuff size]

<table>
<thead>
<tr>
<th>Clinic Blood Pressure</th>
<th>Rt arm</th>
<th>mmHg</th>
<th>Lt arm</th>
<th>mmHg</th>
<th>Pulse</th>
<th>bpm</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABPM Fitted</td>
<td>Rt arm</td>
<td></td>
<td>Lt arm</td>
<td></td>
<td>BP</td>
<td>mmHg</td>
</tr>
</tbody>
</table>

If the difference between arms for Systolic is >20mmHg and/or Diastolic >10mmHg, the ABPM should be attached to the arm with the higher reading.

Prior to attaching Monitor (ABPM) – ask patient the following questions:

**Does the patient take Warfarin tablets?**
If 'yes' advise patient of increased risk of bruising to upper/lower arm and that if they see this occurring, they should discontinue wearing the ABPM.

| 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.

| YES | NO |

**Does the patient have tight-fitting jewelry to the arm chosen for ABPM i.e. watch, bracelet, rings?**
If 'yes' advise patient to remove them during the procedure.

| YES | 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.**

| YES | NO |

**Is the patient allergic to latex?** If ‘yes’ ensure latex free cuff is fitted.

| YES | NO |

**Attach Ambulatory Blood Pressure Monitor**
- Explain correct use of ABPM to patient and give them an ABPM information Sheet.
- Advise that the ABPM should be discontinued if 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.

Signature

**Affix patient label here**

**Comments**