

Blood Pressure Measurement

Using Manual Blood Pressure Monitors



- The patient should be seated in a chair with a back rest and feet on the floor for at least 5 minutes, relaxed and not speaking
- The arm should be supported at the level of the heart, resting on a cushion, pillow or arm rest. Ensure no tight clothing constricts the arm
- Place the cuff on neatly 2cm above the brachial artery and aligning the 'artery mark'. The bladder should encircle at least 80% of the arm but not more than 100%
- Use the cuff size recommended by the manufacturer of the monitor
- Estimate the systolic beforehand:
 - Palpate the brachial artery
 - Inflate cuff until pulsation disappears
 - Deflate cuff
 - Estimate systolic pressure
- Then inflate to 30mmHg above the estimated systolic level to occlude the pulse
- Place the stethoscope diaphragm over the brachial artery and deflate at a rate of 2-3mm/sec until you hear regular tapping sounds
- Measure systolic (first sound) and diastolic (disappearance) to nearest 2mmHg



Points to note:

The date of next servicing should be clearly marked on the sphygmomanometer (annually). All maintenance necessitating handling of mercury should be conducted by the manufacturer or specialised service units.

Before measuring blood pressure in pregnancy or other special circumstance, ensure that the device used is clinically validated for that setting (<http://bihsoc.org/>)