SITTING BLOOD PRESSURE FORM

ID NUMBER:  
FORM CODE:  
DATE: 03/05/2018

ADMINISTRATIVE INFORMATION

0a. Completion Date:  
0b. Staff ID:  

A. Arm measurements

1. Arm used for sitting blood pressure measurement (choose one):  
   Right (preferred) ........................................A
   Left ............................................................B

2. Arm circumference (cm):  

3. Cuff size (arm circumference in brackets):  
   Small {17.0-21.9 cm, CS19} ........A
   Adult {22.0-32.5 cm, CR19} ........B
   Large {32.6-42.5 cm, CL19} ........C
   X Large {42.6-50.0+ cm, CX19}.....D

4. Time of measurement
   a. Time of day: H H : M M  
   b. AM □ or PM □

B. First blood pressure / pulse rate

5. Systolic .......................................................................................... mmHg

6. Diastolic .......................................................................................... mmHg

7. Pulse............................................................................................... bpm
C. Second blood pressure / pulse rate

8. Systolic ................................................................. mmHg
9. Diastolic ................................................................. mmHg
10. Pulse....................................................................... bpm

D. Third blood pressure / pulse rate

11. Systolic ................................................................. mmHg
12. Diastolic ................................................................. mmHg
13. Pulse....................................................................... bpm

E. Average blood pressure / pulse rate

14. Systolic ................................................................. mmHg
15. Diastolic ................................................................. mmHg
16. Pulse....................................................................... bpm

If average SBP >=200 or DBP >120 mmHg: STOP exam for urgent care;
If average SBP 180-199 or DBP 110-119 mmHg: arrange for medical evaluation within 48 hrs.
INSTRUCTIONS FOR THE SITTING BLOOD PRESSURE (SBP) FORM

I. General Instructions
The Sitting Blood Pressure Form is completed during the participant’s clinic visit. The technician must be certified in measurement of blood pressure. There should be no exertion, eating, smoking or exposure to cold for half an hour before recording blood pressure. It is also important that the subject have no change of posture for five minutes before recording blood pressure.

In the case that a participant has a split visit, the SBP is always collected and reported based on the first visit that the participant attends. If the second part of the split visit does NOT include a biospecimen collection component, then the SBP should be checked for safety but not recorded. If the second part of the split visit does include a biospecimen component, the SBP data should be checked for safety AND reentered into CDART using the measurements taken on the date of the biospecimen collection.

II. Detailed Instructions for each Item
0a. Enter the date on which the participant was seen in the clinic.
0b. Enter the staff ID for the person who completed this form.
1. Explain to the participant that you will be measuring their upper arm circumference to determine the appropriate cuff size for the later blood pressure measurements. Ask him/her if there is any medical reason that he/she cannot have a blood pressure measurement taken on the right arm. At the same time, examine the arm for open lesions, rashes, etc. Based on the participant’s response and your observation check the appropriate response, and then proceed with measurement of the appropriate arm. The right arm is preferred, if possible.
2. Arm circumference is measured at the midpoint between the tip of the elbow and the posterior tip of the shoulder as indicated in the Blood Pressure section, Manual 2. Arm circumference is measured to the centimeter, rounding down.
3. Cuff size is determined by the arm circumference measurement in item 2. The appropriate size for a given arm circumference is given below, and also appears on the form itself.

<table>
<thead>
<tr>
<th>Arm Circumference</th>
<th>Cuff Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.0-21.9 cm</td>
<td>CS19</td>
</tr>
<tr>
<td>22.0-32.5 cm</td>
<td>CR19</td>
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<td>CL19</td>
</tr>
<tr>
<td>42.6-50.0+ cm</td>
<td>CX19</td>
</tr>
</tbody>
</table>
4. Instruct the participant to sit quietly, without changing his/her posture, while keeping both feet flat on the floor, for five minutes, while you step out of the room. Start a timer, and return promptly after 5 minutes have elapsed. After the participant has sat quietly for five minutes, enter the time. A five minute wait with no change of posture must precede the first blood pressure measurement.

B.-D. First, second, third blood pressure / pulse rate
Measure and record systolic and diastolic blood pressures as described in the Manual of Procedures.

E. Average blood pressure / pulse rate
These items are calculated automatically by the OMRON system.
If the participant’s average blood pressure is >= 200 systolic or >=120 diastolic, stop the exam. This is an urgent referral. In such cases, the following steps should be taken:

1. Complete MAE form documenting the participant’s blood pressure in the event description (MAE9)
2. Update RTS result code to ‘contacted and need to schedule’
3. Delete RTS16 (original appt date)
4. Leave RTS17 (type of exam completed) blank until participant comes back and completes a visit

Steps 2-4 will insure that the participant will show up on the scheduling report so that they will be rescheduled. There is no need to delete the original SBP form. It should be updated when the participant returns for the visit.

If average SBP 180-199 or DBP 110-119 mmHg: arrange for medical evaluation within 48 hrs.