

INSTRUCTIONS to SET UP BLOOD PRESSURE SCREENINGS

We encourage you to use these documents as an easy resource for setting up and managing Blood Pressure Screenings in your community. These documents were revised in January 2018 and contain the latest updates recommended by the American Heart Association and the American College of Cardiologist released November, 2017.

Please note all wording with blue lettering contains hyper-links to American Heart Association Guidelines and Resources. Simply hover over the blue word(ing) until the small hand appears, then click to activate the link.

These documents are both printable and meant to be used electronically to connect to resources contained within the hyper-links. If you have a smart phone, electronic note pad or computer you can review the links with your client during your BP screening. Feel free to email the BP half sheet to your clients in addition to printing hard copies. Be sure to review with them how the hyper-links work.

Blood Pressure Sign In Sheet

Place _____ Date _____

Time _____ RN Screener (s) _____

- I request a blood pressure screening and health education.
- I understand that this screening is provided by qualified volunteers who are medical professionals.
- I understand that this BP reading is only one component of a health screening. Some results may indicate a need for medical attention. I understand that I am responsible for getting medical attention if necessary. No screening or results should be interpreted as eliminating the need for professional medical care.
- I will not hold _____ or the health ministry nurse liable for any incident or act of omission which arises from this health screening or health education.
- I understand that my name and health information will be kept confidential, but statistical data may be used for reports and other health related research.
- I understand that I will be informed of my blood pressure reading and am aware of my responsibility for treatment now and for future readings.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Blood Pressure Screening Individual Participant Record

Name _____ Address _____

Phone _____ Physician/Phone Number _____

Brief History / Medications (include prescription, herbal and over the counter)

2017 ACC/AHA Guidelines and Recommendations*

Blood Pressure	Normal	Elevated BP	HTN Stage I	HTN Stage II
Systolic	<120	120 - 129	130 - 139	>/ = 140
Diastolic	<80	< 80	80 - 89	>/ = 90

Blood pressure categories

The five blood pressure ranges as recognized by the American Heart Association are:

- **Normal blood pressure**
Congratulations on having blood pressure numbers that are within the normal (optimal) range of less than 120/80 mm Hg. Keep up the good work and stick with [heart-healthy habits](#) like following a balanced diet and getting regular exercise.
- **Elevated**
Elevated blood pressure is when readings are consistently ranging from 120-129 systolic and less than 80 mm Hg diastolic. People with elevated blood pressure are likely to develop high blood pressure unless steps are taken to [control it](#).
- **Hypertension Stage 1**
Hypertension Stage 1 is when blood pressure is consistently ranging from 130-139 systolic or 80-89 mm Hg diastolic. At this stage of high blood pressure, doctors are likely to prescribe lifestyle changes and may consider adding blood pressure medication.
- **Hypertension Stage 2**
Hypertension Stage 2 is when blood pressure is consistently ranging at levels of 140/90 mm Hg or higher. At this stage of high blood pressure, doctors are likely to prescribe a combination of blood pressure medications along with lifestyle changes.
- **Hypertensive crisis**
This is when high blood pressure requires medical attention. **If your blood pressure readings suddenly exceed 180/120 mm Hg, wait five minutes and test again. If your readings are still unusually high, contact your doctor immediately.** You could be experiencing a [hypertensive crisis](#). **If your blood pressure is higher than 180/120 mm Hg and you are experiencing signs of possible organ damage such as chest pain, shortness of breath, back pain, numbness/weakness, change in vision, difficulty speaking, do not wait to see if your pressure comes down on its own. Call 9-1-1.**

[American Heart Association – Know Your Numbers](#)

These guidelines are recommendations for follow-up based on initial blood pressure measurements for adults 18 years and older as described in the

[2017 AHA/ACC Hypertension Guidelines](#)

Date	BP Reading (Indicate Lt or Rt. Arm)	Concern/Recommendations	Nurse Initials	Client Initials