

## Steps in Correct Blood Pressure Measurement

1. The patient should know who is measuring their BP.
2. The patient should have no recent (>30 minutes) exposure to caffeine or cigarettes.
3. The bladder should be empty.
4. The patient should be seated comfortably with back and feet supported for 5 minutes before measurement.
5. The cuff size should be correct; the bladder of the cuff should cover 80% of the arm circumference.
6. Place the stethoscope on the arm at heart level.
7. Estimate the SBP by palpation of the radial or brachial pulse, noting the pressure at which the palpable pulse disappears.
8. After estimating SBP, completely deflate cuff and wait 1 minute (pulse rate may be taken during this time).
9. To measure BP, rapidly inflate the cuff to at least 20 mm Hg above the previously palpated SBP.
10. Allow the mercury column to fall at a rate of about 2 mm/s.
11. The first of two consecutively heard Korotkoff sounds is the SBP.
12. The last of the Korotkoff sounds heard is the DBP.
13. Continue slow deflation another 10 mm Hg below the diastolic value before opening bladder to completely deflate the cuff.
14. Record BP (if using a mercury column calibrated at 2-mm Hg increments) as SBP/DBP, in mm Hg. Both numbers should be even; a value such as '140/95' cannot be reliably obtained with a mercury manometer unless the DBP has been rounded up or down from 94 or 96, which is an *incorrect* procedure).
15. On at least one visit, BP should be measured in both arms; subsequently, the arm with the higher value should be used.
16. Wait at least 1 full minute between readings to allow venous engorgement to abate.

BP = blood pressure; DBP = diastolic blood pressure; SBP = systolic blood pressure.

From *Physicians Information and Education Resource (PIER), Essential Hypertension* module.

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