

Procedures for Use of Home BP Measurement

Patient training should occur under medical supervision, including:

- Information about hypertension
- Selection of equipment
- Acknowledgement that individual BP readings may vary substantially
- Interpretation of results

Devices:

- Verify use of automated validated devices. Use of auscultatory devices (mercury, aneroid or other) is not generally useful for HBPM because patients rarely master the technique required for measurement of BP with auscultatory devices.
- Monitors with provision for storage of readings in memory are preferred.
- Verify use of appropriate cuff size to fit the arm.
- Verify that left/right inter-arm differences are insignificant. If differences are significant, instruct patient to measure BPs in the arm with higher readings.

Instructions on HBPM procedures:

- ***Remain still***
 - Avoid smoking, caffeinated beverages, or exercise within 30 minutes before BP measurements.
 - Ensure ≥ 5 minutes of quiet rest before BP measurements.
- ***Sit correctly***
 - Sit with back straight and supported (on a straight-backed dining chair, for example, rather than a sofa).
 - Sit with feet flat on the floor and legs uncrossed.
 - Keep arm supported on a flat surface (such as a table), with the upper arm at heart level.
- ***Placement of blood pressure cuff***
 - Bottom of the cuff should be placed directly above the antecubital fossa (bend of the elbow).
- ***Take multiple readings***
 - Take at least 2 readings 1 minute apart in the morning before taking medications and in the evening before supper.
 - Optimally, measure and record BP daily.
 - Ideally, obtain weekly BP readings beginning 2 weeks after a change in the treatment regimen and during the week before a clinic visit.
- ***Record all readings accurately***
 - Monitors with built-in memory should be brought to all clinic appointments.
 - BP should be based on an average of readings on ≥ 2 occasions for clinical decision-making.

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