



# SITTING BLOOD PRESSURE FORM



ID NUMBER:

FORM CODE:

DATE: 03/05/2018  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

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

If average SBP  $\geq$ 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.

**E. Average blood pressure / pulse rate**

14. Systolic .....    mmHg

15. Diastolic .....    mmHg

16. Pulse.....    bpm