



NURSE AIDE CURRICULUM SKILL PERFORMANCE CHECKLIST


Name: _____

Measuring Blood Pressure 4.011

This skill may be required during NNAAP testing

 This performance checklist must be used by the teacher and student during skill acquisition, guided practice, and independent practice.

 During skill check-off, the student must perform the skill unassisted with 100% competence.

 While the course is being taught, a skill performance summary document/chart *may* be used to verify skills that have been completed. However, verification that the student has demonstrated competency on this skill **MUST** be recorded on the NATS Part II by the conclusion of the course.

Equipment: Manual and electronic sphygmomanometers with correct size cuff, stethoscope, antiseptic pads, notepad and pen.

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| | 1. Assemble equipment, knock before entering room. |
| | 2. Address resident by name, state your name and title. Identify resident. |
| | 3. Explain procedure and obtain permission maintain face-to-face contact whenever possible. |
| | 4. Wash hands. Provide privacy. |
| | 5. Position resident in sitting or lying position. Expose upper arm. |
| | 6. Extend resident's arm, level with heart, palm upward on bed or over bed table. |

Manual Blood Pressure

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| | 7. Before using stethoscope, wipe bell/diaphragm and earpieces of stethoscope with alcohol pad. |
| | 8. Loosen valve on bulb and expel any remaining air from cuff by squeezing cuff. |
| | 9. Locate brachial artery. |
| | 10. Wrap cuff snugly around upper arm, one inch above elbow, with arrow on cuff over brachial artery. |
| | 11. Position manometer so numbers can be read easily, with one hand close bulb valve by turning it clockwise. |
| | 12. Place earpieces in ears with the tips of the earpieces pointing away from the face. Place the bell/diaphragm of stethoscope directly over brachial artery. |
| | 13. Palpate radial artery and inflate cuff 30 mm Hg beyond point where pulse was last felt OR inflate cuff between 160 mm Hg to 180 mm Hg. If beat heard immediately upon deflation, completely deflate cuff. Re-inflate to no more than 200 mm Hg.
<u>NNAAP Tip: Inflate cuff between 160 mm Hg to 180 mm Hg. If beat heard immediately upon deflation, completely deflate cuff. Re-inflate to no more than 200 mm Hg.</u> |
| | 14. Deflate cuff at even rate of 2-4 mm per second by turning valve counterclockwise. |
| | 15. Note point on scale where first sound heard (systolic reading). |
| | 16. Note point where sound disappears (diastolic reading). |

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| | 17. Deflate cuff completely and remove from arm. |
| | 18. Clean earplugs and diaphragm of stethoscope with antiseptic pad. |
| | 19. Wash hands BEFORE RECORDING. Provide for comfort with call signal in reach. |
| | 20. Record blood pressure reading and report any abnormal reading or observations to supervisor. NOTE: For NNAAP testing, the reading must be correct within plus or minus 8 mm of the evaluator's reading. |

Electronic Blood Pressure

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| | 1. Assemble equipment, knock before entering room. |
| | 2. Address resident by name, state your name and title. Identify resident. |
| | 3. Explain procedure and obtain permission maintain face-to-face contact whenever possible. |
| | 4. Wash hands. Provide privacy. |
| | 5. Position resident in sitting or lying position. Expose upper arm. |
| | 6. Extend resident's arm and rest level with heart, palm upward on bed or table. |
| | 7. Before using stethoscope, wipe bell/diaphragm and earpieces of stethoscope with alcohol pad. |
| | 8. Loosen valve on bulb and expel any remaining air from cuff by squeezing cuff. |
| | 9. Locate brachial artery. |
| | 10. Wrap cuff snugly around upper arm, one inch above elbow, with arrow on cuff over brachial artery. |
| | 11. Position manometer so numbers can be read easily, with one hand close bulb valve by turning it clockwise. |
| | 12. Place the earpieces in ears. Place the bell/diaphragm of stethoscope directly over brachial artery |
| | 13. Wrap cuff snugly around upper arm, one inch above elbow, with arrow on cuff over brachial artery. |
| | 14. Follow manufacturer's directions for cuff inflation and reading results. |
| | 15. Remove cuff from arm. |
| | 16. Clean earplugs and diaphragm of stethoscope with antiseptic pad. |
| | 17. Wash hands. Provide for comfort with call signal in reach. |
| | 18. Record blood pressure reading and report any abnormal reading or observations to supervisor. |

Instructor's Initials: _____ Date: _____

NNAAP® Tip: BP may be attempted four times during testing. Two attempts in each arm. Once the BP is written down the attempts are over.