

## Doing A Manual Blood Pressure

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## Book Descriptions:

# Doing A Manual Blood Pressure

This will ensure that the cuff is placed on the skin. The blood pressure cuff should never be placed over clothing, as doing so will increase pressure on the cuff and produce an inaccurate reading. The artery used to measure the blood pressure should be close to the level of the heart, with the arm supported. If it takes more than 80% of the cuff to encircle the upper arm, the cuff is too small for the patient, and will produce a reading that's higher than accurate. If it takes less than 80% of the cuff to encircle the upper arm, the cuff is too large, and will produce a reading that's lower than accurate. Failure to fully extend the arm will result in difficulty both in locating the artery and in auscultating Korotkoff sounds. In most people, the pulse can be felt at the medial aspect of the antecubital fossa, where the artery comes closest to the skin. In actual practice, it's difficult to make the cuff too tight to the arm; it's quite easy to make it too loose. Locate where the bladder is sewn into the cuff, and ensure that the bladder is positioned over the artery in order to properly occlude blood flow when the cuff is inflated. Release the pressure until the pulse returns, and note the reading on the sphygmomanometer at this point. This is your palpated systolic blood pressure. This avoids both under and overinflating the cuff. Characterization of auscultatory gaps with wideband external pulse recording. Association of the auscultatory gap with vascular disease in hypertensive patients. When you visit Clarion Events and our family of websites, we use cookies to process your personal data in order to customize content and improve your site experience, provide social media features, analyze our traffic, and personalize advertising. By choosing "I Agree", you understand and agree to Clarion's Privacy Policy. Explore

now. <http://www.niszczeniewaw.pl/userfiles/03-pontiac-sunfire-manual.xml>

- **doing a manual blood pressure, a manual blood pressure cuff, a manual blood pressure, how to do a manual blood pressure check, how to do a manual blood pressure reading, a manual blood pressure is more accurate because, doing a manual blood pressure, doing a manual blood pressure, doing a manual blood pressure test, doing a manual blood pressure monitor, doing a manual blood pressure chart, doing a manual blood pressure range, doing manual blood pressure.**

Education Overview Mayo Clinic College of Medicine and Science Mayo Clinic Graduate School of Biomedical Sciences Mayo Clinic Alix School of Medicine Mayo Clinic School of Continuous Professional Development Mayo Clinic School of Graduate Medical Education Mayo Clinic School of Health Sciences Alumni Center Visit Our Schools Educators at Mayo Clinic train tomorrow's leaders to deliver compassionate, highvalue, safe patient care. Choose a degree. For Medical Professionals Overview Provider Relations Referring Physician Portal AskMayoExpert Video Center Publications Continuing Medical Education Mayo Clinic Laboratories Professional Services Explore Mayo Clinics many resources and see jobs available for medical professionals. Manual, or aneroid, equipment includes a cuff, an attached pump, a stethoscope and a gauge. Its difficult to use if youre hearing or visually impaired or if youre unable to perform the hand movements needed to squeeze the bulb and inflate the cuff. Pull the end of the cuff so that its evenly tight around your arm. You should place it tight enough so that you can only slip two fingertips under the top edge of the cuff. Make sure your skin doesnt pinch when the cuff inflates. Rest the gauge in the open palm of the hand of your cuffed arm so that you can clearly see it. Stop squeezing. Turn the knob on the pump toward you counterclockwise to let the air out slowly. Note the reading when you first hear a heartbeat. This is your systolic pressure. This is your diastolic pressure. Record your numbers either by writing the information down or by entering the information into an electronic personal health record. British

Journal of Nursing. 2009;18410. Advertising revenue supports our notforprofit mission. Mayo Clinic does not endorse any of the third party products and services advertised. All rights reserved. We make accurate and reliable blood pressure measurement our business.literally.<http://www.insource-inc.com/stock/userfiles/03-r6-owners-manual.xml>

So, it only makes sense that we should care about accurate blood pressure measurement from a fundamental perspective, which is the inspiration for my first blog post. However, with the benefits that automated BP devices provide with a repeatable standardized technique and removal of observer bias, there has been a shift towards automated devices in clinical practice. The patient should sit upright with their upper arm positioned so it is level with their heart and feet flat on the floor. Remove excess clothing that might interfere with the BP cuff or constrict blood flow in the arm. Be sure you and the patient refrain from talking during the reading. Wrap the cuff around the patients arm and use the INDEX line to determine if the patients arm circumference falls within the RANGE area. Otherwise, choose the appropriate smaller or larger cuff. Wrap the BP cuff snugly around the arm. When the BP cuff has inflated enough to stop blood flow you should hear no sounds through the stethoscope. The gauge should read 30 to 40 mmHg above the persons normal BP reading. If this value is unknown you can inflate the cuff to 160 180 mmHg. If pulse sounds are heard right away, inflate to a higher pressure. This may resemble a tapping noise at first. Note the gauge reading when the rhythmic sounds stop. This will be the diastolic reading. To check the pressure again for accuracy wait about five minutes between readings. Typically, blood pressure is higher in the mornings and lower in the evenings. If the blood pressure reading is a concern or masked or white coat hypertension is suspected, a 24 hour blood pressure study may be required to assess the patients overall blood pressure profile. You can print it out and hang it in your practice or where ever you need reminders for how to take an accurate blood pressure reading. The following steps provide an overview of how to take your left arm blood pressure on either a manual or digital blood pressure monitor.

Simply reverse the sides to take a blood pressure in your right arm. 1. Locate your pulse Locate your pulse by lightly pressing your index and middle fingers slightly to the inside center of the bend of your elbow where the brachial artery is. If you cannot locate your pulse, place the head of the stethoscope on a manual monitor or the arm cuff on a digital monitor in the same general area. 2. Secure the cuff Slide the cuff onto your arm, making sure that the stethoscope head is over the artery when using a manual monitor. The cuff may be marked with an arrow to show the location of the stethoscope head. The lower edge of the cuff should be about 1 inch above the bend of your elbow. Use the fabric fastener to make the cuff snug, but not too tight. Place the stethoscope in your ears. Tilt the ear pieces slightly forward to get the best sound. 3. Inflate and deflate the cuff If you are using a manual monitor Youll get the most accurate reading if your arm is held straight. If you released the pressure too quickly or could not hear your pulse, DO NOT inflate the cuff again right away. Wait one minute before repeating the measurement. Start by reapplying the cuff. If you are using a digital monitor If you did not get an accurate reading, DO NOT inflate the cuff again right away. Start by reapplying the cuff. 4. Record your blood pressure. Follow your doctors instructions on when and how often you should measure your blood pressure. Record the date, time, systolic and diastolic pressures. You should also record any special circumstances like any recent exercise, meal, or stressful event. At least once a year, and especially after you first purchase your blood pressure monitor, bring your monitor with you to your doctors visit to check the machine's accuracy. This is done by comparing a blood pressure reading from your machine with one from the doctors office machine. Hold the pressure gauge in your left hand and the bulb in your right.

<http://dev.pb-adcon.de/node/16288>

Close the airflow valve on the bulb by turning the screw clockwise. Inflate the cuff by squeezing the bulb with your right hand. You may hear your pulse in the stethoscope. Watch the gauge. Keep

inflating the cuff until the gauge reads about 30 points mm Hg above your expected systolic pressure. At this point, you should not hear your pulse in the stethoscope. Keeping your eyes on the gauge, slowly release the pressure in the cuff by opening the airflow valve counterclockwise. The gauge should fall only 2 to 3 points with each heartbeat. You may need to practice turning the valve slowly. Listen carefully for the first pulse beat. As soon as you hear it, note the reading on the gauge. This reading is your systolic pressure the force of the blood against the artery walls as your heart beats. Continue to slowly deflate the cuff. Listen carefully until the sound disappears. As soon as you can no longer hear your pulse, note the reading on the gauge. This reading is your diastolic pressure the blood pressure between heartbeats. Allow the cuff to completely deflate. Hold the bulb in your right hand. Press the power button. All display symbols should appear briefly, followed by a zero. This indicates that the monitor is ready. If you have a monitor with automatic cuff inflation, press the start button. Sit quietly and watch the monitor. Pressure readings will be displayed on the screen. For some devices, values may appear on the left, then on the right. Wait for a long beep. This means that the measurement is complete. Note the pressures on the display screen. Systolic pressure the force of the blood against the artery walls as your heart beats appears on the left and diastolic pressure the blood pressure between heartbeats on the right. Your pulse rate may also be displayed in between or after this reading. Allow the cuff to deflate. From University of Rochester Medical Center, Rochester, NY. University of Rochester Medical Center, Rochester, NY.

How is hypertension diagnosed. If you're diagnosed with high blood pressure, what tests might your doctor recommend. What is systolic and diastolic blood pressure. It is not a substitute for professional medical advice, diagnosis or treatment and should not be relied on to make decisions about your health. Never ignore professional medical advice in seeking treatment because of something you have read on the WebMD Site. If you think you may have a medical emergency, immediately call your doctor or dial 911. WebMD does not provide medical advice, diagnosis or treatment. See additional information. You can also practice taking blood pressure using our The length of the Some health care workers have Release air from the When the knocking sound disappears, After an interval, the Korotkoff sounds reappear. It is for this reason that the rapid inflation of the blood pressure cuff to 180mmHg was recommended above. View our pediatric blood pressure drills for more information. For medical care, contact a healthcare provider. All Rights Reserved. Manual Blood Pressure Readings Guide to Checking Blood Pressure at Home Medically reviewed by Judith Marcin, M.D. — Written by Chaunie Brusie and Rachel Nall, MSN, CRNA — Updated on January 26, 2018 Automated machines Manually Apps Results Outlook Next steps We include products we think are useful for our readers. If you buy through links on this page, we may earn a small commission. Here's our process. What is blood pressure. Blood pressure provides clues about the amount of work your heart is doing to pump blood through your arteries. It's one of your body's four major vital signs. The other vital signs are body temperature heart rate breathing rate Vital signs help show how well your body is functioning. If a vital sign is too high or too low, it's a sign that something may be wrong with your health. Blood pressure is measured using two different readings. The first reading is called your systolic pressure.

That's the first or top number in a reading. The second reading is your diastolic number. That one is the second or bottom number. In that case, the systolic pressure is 117 and the diastolic pressure is 80. Systolic pressure measures the pressure inside of the artery when the heart is contracting to pump blood. The diastolic pressure is the pressure inside the artery once the heart is resting between beats. Higher numbers in either recording can show that the heart is working extra hard to pump blood through your arteries. This may be the result of an outside force, like if you're stressed or scared, which causes your blood vessels to become more narrow. It could also be caused by an internal force, such as buildup in your arteries that can cause your blood vessels to become narrower. If you'd like to check your own blood pressure at home, it's best to first check with your

doctor about how they'd like you to monitor and record it. For example, your doctor may prefer you to check your blood pressure before or after a certain medication at certain times of the day when you're stressed or feeling dizzy.

### How to use an automated blood pressure machine

The easiest way to take your own blood pressure is to purchase an automated cuff. Automatic blood pressure machines are the easiest to use, and they're helpful if you have any hearing impairments. These types of blood pressure cuffs have a digital monitor that will display your blood pressure reading on a screen. You can purchase these online, at most grocery stores, or at a health food store. The American Heart Association (AHA) recommends an automatic, upper arm blood pressure monitor for at-home use. To use your digital blood pressure monitor, follow the instructions that come with it. You can also take the monitor to your doctor's office, or even your local pharmacy, for a demonstration. You should also purchase a small notebook to start a blood pressure log. This can be helpful for your doctor.

You can download a free blood pressure log from the AHA. Machines can give you a different reading than a manual blood pressure reading. Bring your cuff to your next doctor's appointment so you can compare the reading from your cuff to the reading your doctor takes. This can help you calibrate your machine and identify levels you should look for on your own device. It's also important to purchase a high-quality machine and monitor for errors. Even if you check your blood pressure at home, your doctor will still want to manually check it during appointments. Purchase an automated blood pressure cuff online.

### How to check your blood pressure manually

To manually take your blood pressure, you'll need a blood pressure cuff with a squeezable balloon and an aneroid monitor, also known as a sphygmomanometer, and a stethoscope. An aneroid monitor is a number dial. If possible, enlist the help of a friend or family member, because it can be difficult to use this method on your own. Here are the steps to taking your blood pressure at home.

Before taking your blood pressure, make sure you're relaxed. Position your arm straight, palm facing up on a level surface, such as a table. You'll place the cuff on your bicep and squeeze the balloon to inflate the cuff. Using the numbers on the aneroid monitor, inflate the cuff about 20-30 mm Hg over your normal blood pressure. If you don't know your normal blood pressure, ask your doctor how much you should inflate the cuff. Once the cuff is inflated, place the stethoscope with the flat side down on the inside of your elbow crease, toward the inner part of your arm where the major artery of your arm is located. Be sure to test the stethoscope before using it to make sure you can hear properly. You can do that by tapping on the stethoscope. It's also helpful to have a high-quality stethoscope and to ensure that the ears of the stethoscope are pointed in toward your eardrums.

Slowly deflate the balloon as you listen through the stethoscope to hear the first "whoosh" of the blood flowing, and remember that number. This is your systolic blood pressure. You'll hear the blood pulsing, so keep listening and allow the balloon to slowly deflate until that rhythm stops. When the rhythm stops, record that measurement. This is your diastolic blood pressure.

### Apps to track blood pressure

Although there are apps that promise to check your blood pressure without using equipment, this isn't an accurate or reliable method. However, there are apps available that can help you track your blood pressure results. This can be helpful in identifying patterns in your blood pressure. Your doctor may use this information to determine if you require blood pressure medications. You can enter your blood pressure, weight, and height, as well as track the medications you take.

**Blood Pressure for Android.** This app tracks your blood pressure and features several statistical and graphical analysis tools.

**Blood Pressure Companion for iPhone.** This app allows you to track your blood pressure as well as view graphs and trends on your blood pressure readings across several days or weeks. These apps can help you quickly and easily track your blood pressure readings. Measuring your blood pressure regularly on the same arm can help you most accurately track your blood pressure readings.

### What does your blood pressure reading mean?

If this is your first time taking your blood pressure, discuss the results with your doctor. Blood pressure is a very individualized vital sign reading, which means it can be very different for each person. Some people have naturally low blood pressure all the time, for example, while others may run on the higher side.

Your own personal blood pressure will depend on your gender, age, weight, and any medical conditions you have. If it's still high, talk to your doctor to rule out hypertension.

If your blood pressure ever goes over 180 systolic or over 120 diastolic after a repeat reading, seek emergency medical care right away. Blood pressure chart While everyone is different, the AHA recommends the following ranges for healthy adults

Category	Systolic	Diastolic
normal	less than 120	and less than 80
elevated	120-129	and less than 80
high blood pressure stage 1 hypertension	130-139	or 80-89
high blood pressure stage 2 hypertension	140 or higher	or 90 or higher

hypertensive crisis call your local emergency services higher than 180 higher than 120 When determining the category you fall into, it's important to remember that both your systolic and diastolic numbers need to be in the normal range for your blood pressure to be considered normal. If one number falls into one of the other categories, you're blood pressure is considered to be in that category. If treatment is needed, it's better to start it earlier before any damage has occurred in your arteries. Treatment may involve lifestyle changes, like a balanced diet low in salty or processed foods, or adding exercise to your regular routine. Sometimes you'll need to take blood pressure medication, like diuretics calcium channel blockers angiotensin converting enzyme ACE inhibitors angiotensin II receptor blockers ARBs With proper treatment and lifestyle changes, you should be able to control your blood pressure. Tips for using your blood pressure cuff To get the most accurate blood pressure reading, remember the following tips Make sure the blood pressure cuff is the right size for you. Cuffs come in different sizes, including pediatric sizes if you have very small arms. You should be able to comfortably slip one finger between your arm and the cuff when it's deflated. Avoid smoking, drinking, or exercising 30 minutes before taking your blood pressure. Be sure to sit with your back straight and your feet flat on the floor. Your feet shouldn't be crossed.

Take your blood pressure at different times of the day and record exactly what time each blood pressure measurement is taken. Rest three to five minutes before taking your blood pressure and a few extra minutes if you've recently been very active, such as rushing around. Bring your own at-home monitor to your doctor's office at least once a year to calibrate it and make sure it's working correctly. Take at least two readings every time to make sure they're correct. The readings should be within a few numbers of each other. Take your blood pressure at different times throughout the day over a period of time to get the most accurate readings and ranges. Last medically reviewed on January 26, 2018 Medically reviewed by Judith Marcin, M.D. — Written by Chaunie Brusie and Rachel Nall, MSN, CRNA — Updated on January 26, 2018 related stories 17 Effective Ways to Lower Your Blood Pressure A List of Blood Pressure Medications High Blood Pressure Symptoms Diastole vs. Systole A Guide to Blood Pressure High Blood Pressure Treatment Read this next 17 Effective Ways to Lower Your Blood Pressure Medically reviewed by Judith Marcin, M.D. Lifestyle changes can significantly reduce high blood pressure and even lower your risk for hypertension in the future. Systole A Guide to Blood Pressure Medically reviewed by Judith Marcin, M.D. You know you need to check your blood pressure, but do you know what the upper and lower numbers in your reading mean. But what does that mean. Learn what your blood pressure reading means. READ MORE High Blood Pressure During Pregnancy Medically reviewed by Holly Ernst, PAC High blood pressure is common during pregnancy, but can also be a serious concern to monitor. Our website services, content, and products are for informational purposes only. Healthline Media does not provide medical advice, diagnosis, or treatment. About Careers Advertise with us OUR BRANDS Healthline Medical News Today Greatist.

Journal Home Current Issue Archive Br J Nurs 2018; 27(21): 1237-1239. Link, Google Scholar British and Irish Hypertension Society. Blood pressure measurement. Using manual blood pressure monitors. 2017. accessed 9 January 2019 Google Scholar Dougherty L, Lister S. The Royal Marsden manual of clinical nursing procedures. 9th edn. Chichester Wiley Blackwell; 2015 Google Scholar Fetzter SJ. Vital signs and physical assessment. In Perry AG Potter PA Ostendorf WR, eds. In

DelvesYates C, ed. Essentials of nursing practice. London SAGE Publications; 2015 Google Scholar Ford C, Park LJ. Hand hygiene and handwashing key to preventing the transfer of pathogens. Br J Nurs 2018; 2720, 11641166. Link, Google Scholar Ford C, Park LJ. How to apply and remove medical gloves. Br J Nurs 2019; 281 2628. Link, Google Scholar James GD, Gerber LM. Measuring arterial blood pressure in humans auscultatory and automatic measurement techniques for human biological field studies. Am J Hum Biol. 2018; 301e23063. Crossref, Google Scholar Lancaster RJ, Westphal J, Jambunathan J. Using SBAR to promote clinical judgment in undergraduate nursing students. Crossref, Medline, Google Scholar Levick JR. An introduction to cardiovascular physiology. 5th edn. London Hodder Arnold; 2010 Google Scholar Moore T. Observations and monitoring vital signs. In Moore TCunningham S, eds. Clinical skills for nursing practice. Future nurse standards of proficiency for registered nurses. 2018. accessed 9 January 2019 Google Scholar OBrien EO. In Beevers DGLip GYHOBrien E, eds. In Mallett JAlbarran JWRichardson A, eds. Critical care manual of clinical procedures and competencies. Thinking like a nurse a researchbased model of clinical judgment in nursing. Accurately measuring blood pressure factors that contribute to false measurements. Link, Google Scholar. Join the nursing revolution. As a nurse it is essential you know how to take a manual blood pressure.

The manual blood pressure reading is obtained with an aneroid sphygmomanometer, blood pressure cuff, and stethoscope. The 114 is the systolic reading and the 76 is the diastolic reading. According to a study by Journal of Clinical and Diagnostic Research, an aneroid device which is used during a manual blood pressure measurement is more accurate than a digital device Shahbabu, 2016. Therefore, as a nurse you should always reassess a suspicious blood pressure reading with a manual blood pressure measurement. Turn the arm outward with the palm up. Be sure the legs are uncrossed. The pulse point is found near the top of the cubital fossa, which is a triangular area that is in front of the elbow. Place it about 2 inches above the elbow. In addition, make sure the arrow on the blood pressure cuff is lined up with the brachial artery. Don't place the blood pressure cuff over clothes or the gown. Note that number on the gauge when you no longer feel the brachial artery. Then deflate the cuff and wait 30 to 60 seconds. The auscultatory gap is an abnormal silence during auscultation that can lead the clinician to obtain an inaccurate systolic reading, which is the first sound heard during auscultation. This gap occurs in SOME patients not all, especially if they have hypertension. For example, if the brachial artery disappeared at 100 mmHg, inflate the cuff to 130 mmHg. A Digital or an Aneroid Sphygmomanometer. We strive for 100% accuracy, but nursing procedures and state laws are constantly changing. By accessing any content on this site or its related media channels, you agree never to hold us liable for damages, harm, loss, or misinformation. See our full disclosure and privacy policy. However it is important to be able to do this using a sphygmomanometer. It is important to interact with the patient when making the measurement. This worksheet is designed to demonstrate the technique required, using an aneroid sphygmomanometer.

The expected range of results will not be discussed, for this see the recommended reading at the end. The consent of the patient must be obtained before commencing. It is important that the patient is rested and relaxed for the measurement. Check with the patient as to which arm is usually used for the cuff. Some patients will have a preference, which may be as a result of existing medical conditions or previous procedures. Avoid using arms with I.V. infusions or cannulae. Ensure that the patient is rested, and that the arm to be used is supported at the same level as the heart. The elbow needs to be extended, to allow the best detection of the brachial artery in the elbow joint. Rest the upper arm on a pillow if possible. CETL 2008 Manual Blood Pressure Measurement 2 Find the brachial pulse, this is where the stethoscope will be placed when listening for the Korotkoff sounds. This pulse may be quite weak, pressing too hard can shut it down. A tip to help find the artery, would be to ask the patient to bend the elbow, so that you can feel the tendon lift. When the patient straighten their arm, the artery is located to the body side of the tendon. Size the cuff, the bladder

portion must extend at least 80% around the arm. If the cuff is too small, or too large, change it. There are various sizes to cover neonates through to large adults. Apply the cuff to the upper arm, the centre of the bladder in line with the brachial artery. The cuff needs to be positioned to allow the stethoscope diaphragm clear access to the brachial artery. There should be no trapped clothing beneath the cuff, as this may cause a reading error, due to a pressure point. Find the radial pulse, and keep monitoring this through the next step. CETL 2008 Manual Blood Pressure Measurement 3 Close the control valve arrowed on the sphygmomanometer. Gently pump the bulb, checking the radial pulse, until this cannot be felt.

Take the dial reading and mentally note the estimated Systolic pressure for future use. Open the valve to quickly let the cuff down, this is for the patient's comfort. Prepare the stethoscope for use, clean the earpieces if it is a communal instrument. Set the earpieces to face slightly forward, and then gently insert into your ear canals. Check the diaphragm is selected, by gently tapping it, so that you hear the sound. CETL 2008 Manual Blood Pressure Measurement 4 Close the valve and inflate the cuff, so that the dial reads 30mmHg above your earlier estimated Systolic pressure. Position the diaphragm of the stethoscope over the brachial artery, hold in place with your thumb, and locate your fingers around the elbow joint to lock it all in position. Gently open the valve for a slow controlled release of air from the cuff. Aim for the needle to drop about one mark on the dial per second or heartbeat. The Korotkoff sounds are quite faint, but distinctive, when recognized. This is the real Systolic pressure, keep it in mind. Check the dial, the nearest associated mark gives the Diastolic pressure. Open the air valve fully, to rapidly deflate the cuff. Release the patient from the equipment. Record your readings, Systolic over Diastolic, on the chart. As the dial is graduated in steps of 2mmHg, the numbers should be even. If you have any concern about the result, or the readings indicate a marked change from a previous reading, report to your supervisor. Further reading Nicol M, Bavin C, Cronin P, RawlingsAnderson K. 2008 Essential Nursing Skills, 3rd edn. Edinburgh Mosby ISBN 9780723434740 Nicol M. 2004 Clinical Nursing Skills DVD with Workbook. Edinburgh Mosby ISBN 0723433844 O'Brien D, Davison M. 1994 Blood pressure measurement rational and ritual actions. British Journal of Nursing 38 393396 Wallymahmed M. 2008 Blood pressure measurement.

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