NACC UNIFORM DATA SET (UDS)



Form B1a: EVALUATION FORM Blood Pressure Addendum

ADC n	me: Subject ID: Form date: / /
Visit #	Examiner's initials:
	UCTIONS: This form is an addendum to UDS Form B1 Physical. It provides guidance and captures data from rdized measurement of blood pressure. This form is to be completed by the clinician.
1.	Enter the average (mean) of two readings spaced at least 1 minute apart for each arm.

	For detailed instructions, see Steps for Proper BP Measurement, next page				
	1a. Participant blood pressure — left arm: /	(888/888=not assessed)			
	1b. Participant blood pressure — right arm:	(888/888=not assessed)			
2.	Was the blood pressure taken using an approved device or cuff? For a list of approved devices, please visit http://www.dableducational.org/sphygmomanometers/p_devices_1_clinical.html	o No 1 Yes 9 Unknown			

Steps for Proper BP Measurement	Instructions
Step 1: Properly prepare the patient	 Have the patient relax, sitting in a chair (feet on floor, back supported) for >5 min. The patient should avoid caffeine, exercise, and smoking for at least 30 minutes before measurement. Ensure that patient has emptied his/her bladder. Neither the patient nor the observer should talk during the rest period or during the measurement. Remove all clothing covering the location of cuff placement. Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria.
Step 2: Use proper technique for BP measurements	 Use a BP measurement device that has been validated, and ensure that the device is calibrated periodically. Support the patient's arm (e.g., have it resting on a desk). Position the middle of the cuff on the patient's upper arm at the level of the right atrium (the midpoint of the sternum). Use the correct cuff size, such that the bladder encircles 80% of the arm, and note if a larger- or smaller-than-normal cuff size is used. Either the stethoscope diaphragm or bell may be used for auscultatory readings
Step 3: Take the proper measurements needed for diagnosis and treatment of elevated BP/ hypertension	 Take two BP readings in both arms. Separate the second set of measurements from the first by 1 minute. For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate SBP. Inflate the cuff 20-30 mm Hg above this level for an auscultatory determination of the BP level. For auscultatory readings, deflate the cuff pressure 2 mm Hg per second, and listen for Korotkoff sounds.
Step 4: Properly document accurate BP readings	 Record SBP and DBP. If using the auscultatory technique, record SBP and DBP as onset of the first Korotkoff sound and disappearance of all Korotkoff sounds, respectively, using the nearest even number. It is recommended to note the time of most recent BP medication taken before measurements (this would be noted locally and not submitted to NACC).
Step 5: Average the readings	Record the average of the two readings of SBP and DBP in the left arm, and the two readings of SBP and DBP in the right arm. Enter the averages in 1a and 1b, respectively.
Step 6: Give BP readings to patient	It is recommended to provide patients with the SBP/DBP readings both orally and in writing.

Interpretation of values: Categories of BP in Adults *

BP Category		SBP		DBP
Normal		<120 mm Hg	and	<80 mm Hg
Elevated		120–129 mm Hg	and	<80 mm Hg
Hypertension:	Stage 1	130–139 mm Hg	or	80–89 mm Hg
	Stage 2	≥140 mm Hg	or	≥90 mm Hg

*Individuals with SBP and DBP in 2 categories should be designated to the higher BP category. BP indicates blood pressure (based on an average of \geq 2 careful readings obtained on \geq 2 occasions); DBP, diastolic blood pressure; and SBP, systolic blood pressure