

## CP 4.5: Blood Pressure Monitoring

Updated:  
Reviewed:

### Purpose

- To provide guidelines for monitoring of patients with suspected or actual hypertension.
- To assist the health care team in the diagnosis of hypertension or to evaluate effectiveness of treatment for hypertension.

### Policy Statements

In response to a referral from a health authority or primary health care provider, the Community Paramedic (CP) will follow the monitoring guidelines as outlined below when a request for Blood Pressure Monitoring is made on the Request for Service form and care plan.

### Procedure

- OBTAIN** and **REVIEW** the patient's health history and care plan prior to the appointment.
- REFER** to Request for Service form and care plan for direction with respect to assessments requested and acceptable blood pressure (BP) ranges for systolic and diastolic BP.
- OBSERVE** patient's physical state/general well-being. Ensure the patient has voided their bladder and that they are sitting in a relaxed state for at least 2 minutes with both feet flat on the floor, with their arm outstretched and supported at heart level. If the patient is bed-bound, have them lay face up in bed with the arm supported and no contact between cuff and bed or patient.
- For orthostatic hypotension evaluation: MEASURE** BP in lying position and then immediately on standing. Report to primary care provider if systolic decreases more than 20 mmHg, or if the patient is symptomatic. If the patient complains of dizziness when going from lying to sitting, take and record BP. Do not proceed to standing.
- MEASURE** BP: for each BP recording, at least 2 consecutive measurements at least 2 minutes apart, should be taken. Additional measurements should be taken when the first 2 measurements are quite different. Record the last 2.
  - Monitoring Schedule: timing, frequency, and duration**
    - MEASURE** BP twice daily (morning and late afternoon, prior to antihypertensive medications if patient taking any) at about the same times every day or every other day over 2 weeks.
    - RECORD** readings on BP Monitoring Log.
    - CALCULATE** average of readings, ignoring the 1<sup>st</sup> day.
- REPORT** readings to Health Care Provider if outside acceptable ranges as per care plan.

### Documentation

**RECORD** date, right (R) or left (L) arm, time, BP, pulse (P), patient position (lying - L; sitting - S; standing - Std) or any changes in position (L → Std), and patient symptoms in log.

**NOTIFY** primary health care provider of findings and any concerns.

Example documentation on log:

Date	Limb & Position	Morning		Symptoms	CP Initials	Limb & Position	Late afternoon		Symptoms	CP Initials
		#1	#2				#1	#2		
orthostatic evaluation example	R arm L → Std	1015 (L) 152/92 P 60	1016 (S) 120/90 P 60	Dizziness (std not done)	PD					
BP monitoring	L arm S	1000 152/90	1005 148/88	none	PD	L arm S	1600 138/84	1604 138/88	none	PD

example		P 70					P 66			
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**References**

1. American Heart Association. Home Blood Pressure Monitoring. 2016. [[Link](#)]
2. British Hypertension Society. Home Blood Pressure Monitoring Protocol. 2017. [[Link](#)]
3. National Institute for Health and Clinical Excellence. The clinical management of primary hypertension in adults: Clinical Guideline. 2011. [[Link](#)]
4. Singh, V. (2015). Home blood pressure monitoring, practical aspects. 2015. [[Link](#)]

