HOW TO TAKE A MANUAL BLOOD PRESSURE

**SUPPLIES**

Stethoscope Manual BP Cuff

**Blood Pressure Cuff Sizes**

<table>
<thead>
<tr>
<th>Arm circumference, cm</th>
<th>Cuff size</th>
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</thead>
<tbody>
<tr>
<td>16–21</td>
<td>9x18, child</td>
</tr>
<tr>
<td>22–26</td>
<td>12x22, small adult</td>
</tr>
<tr>
<td>27–34</td>
<td>16x30, adult</td>
</tr>
<tr>
<td>34–44</td>
<td>16x36, large adult</td>
</tr>
<tr>
<td>45–52</td>
<td>16x42, adult thigh</td>
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</tbody>
</table>

**NCLEX TIP:** Using a BP cuff that is too small will result in **elevated** readings, and a cuff that is too large will give a reading that is **too low**.

**Steps**

1. Ensure that the cuff you are using is the appropriate size of the client.
2. Place the cuff on the client’s bare upper arm approximately one inch above the bend in their elbow. Make sure the tubing is over the front center of their arm. Secure the cuff snugly before inflating it.
3. Make sure you can see the pressure gauge (it may be separate or attached to the wall).
4. Close the airflow valve on the bulb by turning the screw clockwise with your thumb and forefinger.
5. Palpate the brachial artery and place your stethoscope on the point where you palpated the pulse. Put the stethoscope earpieces in your ears. You should be able to hear the pulse.
6. Inflate the cuff by squeezing the bulb multiple times with your right hand.
7. 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 a pulse in the stethoscope.
8. While keeping your eyes on the gauge, slowly release the pressure in the cuff by opening the airflow valve counterclockwise. The gauge reading should fall by only 2-3 points with each heartbeat. Stop twisting the valve when this occurs and allow the cuff to steadily deflate. (You may need to practice turning the valve slowly.)
9. Listen carefully for the first pulse beat and note the reading on the gauge. This reading is your systolic pressure (the force of blood against the arterial walls as the heartbeats).
10. Continue to slowly deflate the cuff until the heart sound disappears again, and note the reading on the gauge. This reading is your diastolic pressure (the blood pressure between heartbeats).
11. Quickly deflate the remaining air from the cuff by fully releasing the twist valve and remove it from the client’s arm.

**NOTES**