NON INVASIVE BLOOD PRESSURE (NIBP) MONITORING

POLICY:

Non-invasive blood pressure (NIPB) monitoring may be done via technology for patients requiring regular and frequent monitoring by RN, LPN, or CNA.

PURPOSE:

To automatically or manually assess a patient’s blood pressure at a regular interval, prescribed by defaults or operator determined intervals as recommended by the manufacturer.

SUPPORTIVE DATA:

Do not operate equipment before reading users manual.

Improper application and use of non-invasive blood pressure machines may cause neurological or circulatory damage to the extremity.

EQUIPMENT LIST:

Non-invasive blood pressure (NIBP) machine
Pen and paper
appropriate voltage receptacle
Stockinette (opt)
appropriate cuff or webril

CONTENT:

Procedure Steps                                      Key Points
1. Assemble equipment at bedside. Explain procedure to patient. Plug in cord to appropriate wall receptacle. 2. Excessive movement or speech may interfere with automated readings. Remind patient that blood pressure may sometimes be taken automatically without nursing personnel in room, so to resume this position of start feeling B/P cuff inflate.

2. Patient must be in relaxed, comfortable position, seated or lying down with arm at heart level. Support and extend forearm with palm upward for arm measurement.

3. Measure limb circumference and select proper cuff size. Width of bladder should be 20% of the circumference of the extremity.

3. BP measurements will be erroneously low if cuff is too wide or erroneously high if cuff is too narrow. See equipment list for cuff availability. May consider lower arm or thigh if upper arm can not be used.

4. Remove garment on chosen extremity.

4. Inflation will interfere with Spo2 reading and infusion rate. Also may lead to extravasation.

5. Do not place cuff on an extremity selected for IV infusion, especially thrombolytics, or Spo2 monitoring, or arm with vasoactive drugs.
6. Position cuff mark over the artery. Wrap cuff firmly around extremity.

6. B/P cuff should be firmly applied. Allow one-two fingers to fit between cuff and extremity. Excessive tightness will cause venous congestion and discoloration of the limb. If too loose will give a false high reading.

7. Select mode – automatic or manual.

7. Automatic will take B/P at pre-set cycle of minutes or when “start” pressed. Manual makes single determination only when “start” pressed.

8. Select time interval for automatic cycle.

8. Decrease cycle time as quickly as possible as patient stabilizes. Skin is sometimes fragile (ie. on pediatrics, geriatrics, etc.) Longer time interval between measurements should be considered.

9. Press Start to begin NIBP measurement. Remove the blood pressure cuff completely and assess area under cuff every 4 hours or every shift. Rotate cuff site if possible. Monitor patient for complaints of numbness, tingling, pain and other discomforts. Assess for bruising, muscle spasm, or flaccidity of extremity.


REFERENCE:

Operation Manual, Critikon, Inc. 4110 George Road, Tampa, FL 33614
Datasope Passport 2 Operating Instructions

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