

Happy Hearts



Cheshire and Merseyside Guideline for Blood Pressure Testing in the Community (outside of General Practice) (V4)

Intended for use in community settings to help the public and patients aged 18+ to know their numbers. Not for use in pregnancy. Separate guidance exists for home BP monitoring.

Blood Pressure

Blood Pressure (BP) taken with verbal consent



See reverse for additional information on measuring blood pressure, equipment and some common issues.

No history of high blood pressure

Normal

- Reassure
- Give lifestyle advice to prevent high BP
- Advise to re-check BP in 5 years or sooner

BP
<129/84 mmHg

Known to have high blood pressure & under clinical care (Including if not on medication)

BP very well controlled

- Lifestyle advice to maintain a healthy BP.
Also advise to:
- Continue BP management & annual checks as advised by own practice
- Consider home BP monitoring

High side of normal

- Reassure
- Lifestyle advice to prevent high BP
- Advise to re-check within 1 year

BP
130/85 to 139/89 mmHg

BP well controlled

- Lifestyle advice to maintain a healthy BP.
Also advise to:
 - Continue BP management & annual checks as advised by own practice
 - Consider home BP monitoring
- Note: BP targets are lower when monitoring BP at home and may be lower if the patient has other medical conditions (see overleaf).*

High

- Re-check after 5 minutes if possible.
If BP reading is still 'high':
- Lifestyle advice (and see blue box on reverse for more advice).
If diastolic (lower number) is 100 or higher, seek advice from own practice and lower BP before starting new physical activity.
- Advise follow-up BP within 1 week e.g. by local pharmacy, self-testing, or practice nursing team.
- If BP still in this range a week later advise review at own practice <1 month of 1st BP

BP
140/90 to 179/119 mmHg

BP not treated to target

- *Note: if 80+ years old, a slightly higher BP (<150/90mmHg) is generally acceptable.*
- Re-check in 5 minutes. If still in this range:
Continue BP management and monitoring (including home monitoring) as advised by own practice. Also:
- Lifestyle advice
- If diastolic (lower number) is 100 or higher, seek advice from own practice and lower BP before starting new physical activity.
- Medicines Use Review by local community pharmacy if on BP medication(s)
- Follow up measurement within 1 week e.g. by local pharmacy, self-testing, or practice nursing team
- If BP still within this range after 1 week advise to seek BP review at own practice <1 month

Very high

- Re-check after 5 minutes (and if possible, again after 30 minutes rest).
- If no symptoms but BP remains over 180/120 mmHg advise to seek same day medical review. ⚠
- If symptoms present (e.g. headache, blurred vision, chest pain, difficulty breathing, altered mental state, nose bleeds) seek IMMEDIATE medical attention. ⚠
- Do NOT start any new physical activity.

BP
180/120 mmHg or higher

BP very poorly controlled

- Re-check after 5 minutes (and if possible, again after 30 minutes rest).
- If no symptoms but BP remains over 180/120 mmHg advise to seek same day medical review. ⚠
- If symptoms present (e.g. headache, blurred vision, chest pain, difficulty breathing, altered mental state, nose bleeds) seek IMMEDIATE medical attention. ⚠
- Do NOT start any new physical activity.



How to take an accurate reading on the upper arm



The person being tested should:

- Be seated, legs **not** crossed, in a quiet place if possible.
- Not talk or move during the test (both can affect accuracy).
- Be relaxed and not have just done something that could temporarily raise BP e.g. exercise, had caffeine, nicotine or a large meal recently.
- Wear loose clothing on their upper arm. It does not matter which arm you use.

Technique:

- Place cuff 2 to 3 cm above the elbow, next to the skin if possible.
- The centre of the bladder in the cuff should be positioned over the line of the artery. Most cuffs have this marked on them.
- The arm should be supported at the level of the mid sternum (heart level). If the arm is below heart level it can lead to a falsely high reading. If the arm is above the heart level it can lead to a falsely low reading.

Equipment:

- All devices should be in good working order and calibrated in line with manufacturer's instructions.
- Use a validated monitor such as those listed on the British Hypertension Society website: www.bhsoc.org
- Monitors should have a selection of cuff sizes if possible. The bladder inside the cuff should encircle 80% of the top of the arm. If the cuff is too big the reading will be falsely low, if it is too small the reading will be falsely high. Ask people with very large or very thin arms to go to their GP surgery for measurement if you do not have the right-sized cuff.
- Wrist monitors tend to be less accurate than machines that measure from the top of the arm. Validated upper arm devices are recommended instead.
- Manual BP measurements are more reliable if the pulse is irregular (see 'pulse' section in orange box below).

Issues you may come across

Pulse:

- If an irregular pulse is newly identified:
 - If no symptoms seek medical review within 48 hours (or by Monday if seen on a Friday).
 - If symptoms are present (e.g. chest pain, breathlessness, palpitations) seek IMMEDIATE medical attention.
- People known to have an irregular pulse (arrhythmia) may need to go to their own practice to have their blood pressure checked manually if a digital device cannot get a reading.
- Very fast or slow pulse: most adults have a resting pulse rate of 60 to 100 beats per minute. GP review is advised if the pulse is continuously above 120 or below 40 beats per minute (particularly if symptoms are present) and this is a new finding. Note: low pulse may be normal, e.g. in athletes.

Low blood pressure (hypotension):

- This is a reading of 90/60 mmHg or less. It doesn't always cause symptoms, but if it does (e.g. light headedness, dizziness, feeling sick, blurred vision, generally feeling weak, confusion, fainting) the patient's blood pressure might be too low and review at own practice is recommended.
- See www.nhs.uk/conditions/low-blood-pressure-hypotension/ for more information on low BP.

What to do with error readings (digital monitors):

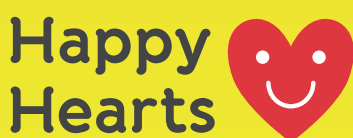
- Check that the reading is being taken properly.
- For upper arm monitors check that the cuff is the right size and applied correctly.
- Retake the reading. If still unable to obtain a blood pressure reading, ask person to be checked at an alternative community setting e.g. local pharmacy or own practice.

Giving information to people being tested

- Ensure the person being tested takes away the completed z-card and refer them to www.happy-hearts.co.uk for more information. Advise to show & update the z-card at follow up tests.
- Explain that a one-off test cannot give a diagnosis: it is possible to have a one-off high reading, follow the advice in the guideline.
- Everyone should follow the guidelines for a healthy lifestyle in order to prevent or manage high blood pressure.
- For most people high blood pressure is a systolic reading of 140 mmHg+, a diastolic reading of 90 mmHg+, or both. For example, a reading of 150/85 mmHg is high because the systolic is above 140; a reading of 139/95 mmHg is high because the diastolic is above 90. A reading of 150/95 mmHg is also high as both the systolic and the diastolic number are raised.
- Targets when monitoring BP at home are slightly lower (typically <135/85mmHg)
- Note: if patient has other long term conditions such as diabetes, chronic kidney disease or a history of stroke the BP target may be lower. If they are over 80 years old, the target BP range is less strict at <150/90 mmHg.
- Many community pharmacies offer a BP testing service and can share results with the patient's practice.



Know your numbers!



Further information can be found at:
www.happy-hearts.co.uk

Blood Pressure UK 020 7882 6255
www.bloodpressureuk.org
www.nhs.uk (search for 'blood pressure')

