



INSTRUCTIONS to SET UP BLOOD PRESSURE SCREENINGS

FCN/HMN encourages you to use these documents as an easy resource for setting up and managing Blood Pressure Screenings in your community. These documents were revised in January 2018 and contain the latest updates recommended by the American Heart Association and the American College of Cardiologist released November, 2017.

Please note all wording with blue lettering contains hyper-links to American Heart Association Guidelines and Resources. Simply hover over the blue word(ing) until the small hand appears, then click to activate the link.

These documents are both printable and meant to be used electronically to connect to resources contained within the hyper-links. If you have a smart phone, electronic note pad or computer you can review the links with your client during your BP screening. Feel free to email the BP half sheet to your clients in addition to printing hard copies. Be sure to review with them how the hyper-links work.

STEPS TO SETTING UP A BLOOD PRESSURE SCREENING IN YOUR FAITH COMMUNITY

FIRST STEPS

- Review the 2017 updated blood pressure standards from the American Heart Association and the American College of Cardiologist (AHA/ACA) [here](#).
- Utilize the American Heart Association (AHA) Web site [here](#) for blood pressure resources and appropriate teaching material to share with your congregation
- Check with the American Stroke Association (A Division of AHA) for continuing education programs on STROKE for health professionals

WRITE A BLOOD PRESSURE SCREENING POLICY FOR YOUR CHURCH

Sample: Policy Statement – In accordance with the *American Heart Association and the American College of Cardiologist 2017 Guidelines*, this blood pressure screening procedure will provide documentation, evaluation, referral and follow-up for clients who participate in the screening.

Goals:

1. To detect persons with undetected elevated blood pressure and assist their entry into the health care system.
2. To monitor the pressures of those who are already aware of their elevated blood pressure and undergoing treatment in order to continue to control their blood pressures.
3. To actively decrease the incidence of heart attack, heart failure, cerebral vascular accident, and kidney disease, through accurate screening and referral.
4. To facilitate education and opportunity for participant self-responsibility through the screening process.
5. To provide an ongoing record for the participant on a monthly, bi-monthly or quarterly basis.



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Procedure:

1. Equipment needed/used is as follows:
 - adult regular, large, and child blood pressure cuffs
 - stethoscope
 - blood pressure screening sign-in sheet
 - client information regarding blood pressure history and current blood pressure/cardiac medication
 - Reference Sheet highlighting the 2017 ACA/AHA guidelines for blood pressure assessment
2. Ask clients to have their blood pressure taken before they drink anything with caffeine and after sitting quietly for a few minutes.
3. Client is verbally informed of blood pressure reading. Abnormal readings should be followed by a second reading after a few minutes of quiet. *If the client does not have a primary care physician, be prepared to assist them in finding one.
4. The blood pressure form is completed and signed by the nurse. The client needs to acknowledge they have understood the readings and any follow-up instructions. See B/P sign-up sheet – *“I understand that my blood pressure is being taken for screening purposes only. I should report any abnormal or unusual findings to my physician”*.
5. The Blood Pressure Screening form is maintained in the Faith Community Nurse’s locked file cabinet or secure web-based electronic health record (FCN/HMN utilizes the Henry Ford Macomb Documentation and Reporting System).
6. Blood pressure readings may be recorded on a client data card.
7. Tally results of screening for health team.

* Follow-up on abnormal readings, applying 2017 ACC/AHA Guidelines and Recommendations. If a B/P is read as "Hypertensive Crises," send client to emergency room, urgent care, or call 9-1-1 as appropriate to the situation. Consult with another health care team member, if appropriate.