



SLEEP HEART HEALTH STUDY

**BLOOD PRESSURE
CERTIFICATION CHECKLIST**

Instructions: Submit this form along with completed PM and PC forms to the Certification Coordinator at the SHHS Coordinating Center.

A. Field Site information

1. Field Site (*check one*):

- Framingham
- Johns Hopkins
- Minnesota
- NYU/Cornell
- Sacramento
- Pittsburgh
- Strong Heart - Dakota
- Strong Heart - Phoenix
- Strong Heart - Oklahoma
- Tucson

2. Name of technician requesting certification (*please print*):

3. Certification # (PIN) of technician requesting certification (*record "n" if not previously certified for a SHHS Follow-Up 2 function*):

____ _

4. Name of certification examiner (*please print*):

5. Certification # (PIN) of certification examiner:

____ _

6. Date form completed:

__ __ - __ __ - 2 0 0 __
month day year

B. Certification requirements

The following certification requirements were completed satisfactorily. Indicate by checking the appropriate box.

7. Training requirements:

- Read and study manual
- Attend group training or observe administration by SHHS certified examiner
- Practice on volunteers
- Compare measurements with those made by experienced colleagues
(Should be within 2 mm Hg of that observed by trainer with double-headed stethoscope)
- Discuss problems and questions with local expert

8. Explained and demonstrated daily and monthly checks of sphygmomanometer:

- correct 0, top of meniscus at 0
- air leaks
- meniscus smooth and well defined
- mercury rises easily in tubing, column does not bounce
- cracks in glass tube; cap in place
- spilled mercury in manometer case
- cuffs, pressure bulb, manometer, stethoscope tubing and diaphragm
- pressure control valve
- manometer case closed properly, thumb valve closed, case stored on right side

9. Explained procedure if measurement interrupted:

- Note on form in comments section that the measurement was repeated, and indicate why
- Review technique, check stethoscope position for loose connections or tubing kinks, and maintain quiet environment
- Relocate brachial pulse and apply the bell headpiece directly over the pulse point

10. Explained procedure to enhance brachial pulse sounds:

- Reduce room noise
- Open and close fist 8-10 times
- Raise arm, make fist several times at least 60 seconds, cuff on before arm down, lower arm rapidly, take pressure
- Note use of enhancement procedures on form

11. Recite alert values per parent cohort specifications:

12. Conduct three readings of systolic and diastolic measurements according to protocol on each of two volunteers while being observed by SHHS certified BP examiner listening with double-headed stethoscope. Systolic and diastolic measurements recorded by trainee should agree with those of the certified observer within 4 mm Hg, with the average of the three readings within 3 mm Hg.

C. Quality Assurance checklist

The following certification requirements were completed satisfactorily. Indicate by checking the appropriate box.

13. Quality Assurance checklist:

- Explains procedure
- Measure for cuff size
- Wrap cuff snugly, centering bladder over brachial artery
- Five minute rest period before measurements
- Palpates brachial artery
- Determines maximal inflation level
- Inflates rapidly to maximal inflation level
- Places bell on brachial pulse
- Deflates cuff 2-3 mm Hg per second
- First and fifth phase correctly identified (verified with double stethoscope)
- Standing blood pressure measurement taken after one minute standing rest period
- Records reading and disconnects tubes
- Reviews form for completeness
- Correctly completes form
- Tells participant BP reading and refers as indicated

D. Administrative information

14. Date of Coordinating Center review:

__ __ - __ __ - 2 0 0 __
month day year

15. Coordinating Center reviewer (*please print*):
