## MEASURING BLOOD PRESSURE ACCURATELY BEGINS WITH THE CORRECTLY SIZED CUFF

1. Begin by measuring the patient's mid upper arm circumference.
2. Using the sizing chart below, determine what size cuff should be used based on the measurement reading. If a patient's cm measurement is overlapping between sizes, default to the larger cuff if width is appropriate.
3. Place the artery mark located on the cuff over the patient's brachial artery.
4. Wrap the cuff snugly and securely, allowing space for two fingers to fit between patient and cuff.


| Infant |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Child* |  |  |  |  |
| Range $8-13 \mathrm{~cm}$ | Adult* | Adult* | Large <br> Adult* | Thigh |
| Range $12-19 \mathrm{~cm}$ | Range $17-25 \mathrm{~cm}$ | Range $23-33 \mathrm{~cm}$ | Range $31-40 \mathrm{~cm}$ | Range $38-50 \mathrm{~cm}$ |

* Also available in long size

COMMON SOURCES OF ERROR IN BLOOD PRESSURE MONITORING ${ }^{1}$

| Error Type | Cuff | Human |
| :--- | :--- | :--- |
|  | - Inflatable portion of cuff too narrow <br> - Inflatable portion of cuff too short <br> - Cuff too loose or uneven <br> - Cuff deflated to slowly (Diastolic) <br> - Cuff overinflated <br> - Cuff inflated too slowly (Diastolic) | - Recording BP immediately after meals, <br> while smoking or with distended bladder <br> - Patient's arm below level of heart |
| False Low | - Cuff too wide | - Patient's arm above level of heart <br> - Failure to notice auscultatory gap <br> - Inability to hear feeble Korotkoff sounds <br> - Failure to have meniscus of mercury at eye level <br> - Stethoscope bell applied too firmly |
|  |  | - Caregiver's error <br> - Cuff deflated too fast |
| False High <br> or Low |  |  |

AUsing the WRONG SIZED BLOOD PRESSURE CUFF can affect accuracy UP TO $30 \mathrm{mmHG}^{2}$
The American Heart Association recommends that a cuff bladder width be $40 \%$ of the arm circumference and that a cuff bladder length be $80 \%$ of the arm circumference. ${ }^{1}$

