



**Heartbeat**

Connecting health and care communities

# Better Access

## HCA Blood Pressure Monitoring Policy

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# HCA Blood Pressure Monitoring Policy

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# 1 Introduction

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## 1.1 Policy statement

Blood pressure readings are taken by clinical staff including healthcare assistants (HCAs). This policy specifically focuses on the role of the HCA when undertaking a blood pressure measurement which is considered to be within their scope of responsibilities as they have been trained and assessed as competent to undertake this task.

Additionally, blood pressure readings are also passed to the reception team following the return of either an ambulatory blood pressure monitor (ABPM) or home blood pressure monitoring (HBPM).

This policy also refers to the actions needing to be taken by this group within the team.

## 1.2 Status

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## 1.3 Training and support

The practice will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# 2 Scope

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## 2.1 Who it applies to

This document applies primarily to HCAs and reception staff working within Better Access. However, other individuals performing functions in relation to the practice, such as agency workers, locums and contractors, are encouraged to use it.

## **2.2 Why and how it applies to them**

This document has been produced to provide all staff with the necessary information to understand the role of the HCA with regards to blood pressure measurements, detailing how this task is to be undertaken whilst providing links to associated guidance for further reading.

## **3 Definition of terms**

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### **3.1 Healthcare assistant**

A healthcare assistant (HCA) is a support worker in a clinical area who works under the supervision of a registered practitioner who is accountable for the support worker's standards and activities.<sup>1</sup>

### **3.2 Blood pressure**

Blood pressure (BP) is a measure of the force that the heart uses to pump blood around the body.

### **3.3 Sphygmomanometer**

An instrument for measuring blood pressure

### **3.4 Hypertension**

Abnormally high blood pressure

### **3.5 Hypotension**

Abnormally low blood pressure

### **3.6 Stage 1 hypertension**

Clinic BP is 140/90mmHg or higher and subsequent ambulatory BP monitoring (ABPM) daytime average or home BP monitoring (HBPM) average BP is 135/85mmHg or higher<sup>2</sup>

### **3.7 Stage 2 hypertension**

Clinic BP is 160/100mmHg or higher and subsequent ABPM daytime average or HBPM average BP is 150/95mmHg or higher<sup>2</sup>

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<sup>1</sup> A Dictionary of Nursing 2008

<sup>2</sup> <https://www.nice.org.uk/guidance/ng136>

### 3.8 Severe hypertension

Clinic systolic BP is 180mmHg or higher or clinic diastolic BP is 120mmHg or higher<sup>2</sup>

### 3.9 Ambulatory blood pressure monitoring

Ambulatory blood pressure monitoring (ABPM) is the measurement of blood pressure at regular intervals using a device worn by the patient.

### 3.10 Home blood pressure monitoring

Home blood pressure monitoring (HBPM) is the measurement of blood pressure by the patient at home.

## 4 Measuring and Understanding blood pressure

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### 4.1 Academic Article

To underpin knowledge and to give further guidance

[British Journal of Nursing - A guide to undertaking and understanding blood pressure measurement.](#)

### 4.2 Terminology

Blood pressure is measured in millimeters of mercury (mmHg) which generates two readings:<sup>3</sup>

- Systolic, which relates to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries
- Diastolic, which relates to the phase of the heartbeat when the heart muscle relaxes and allows the chambers to fill with blood

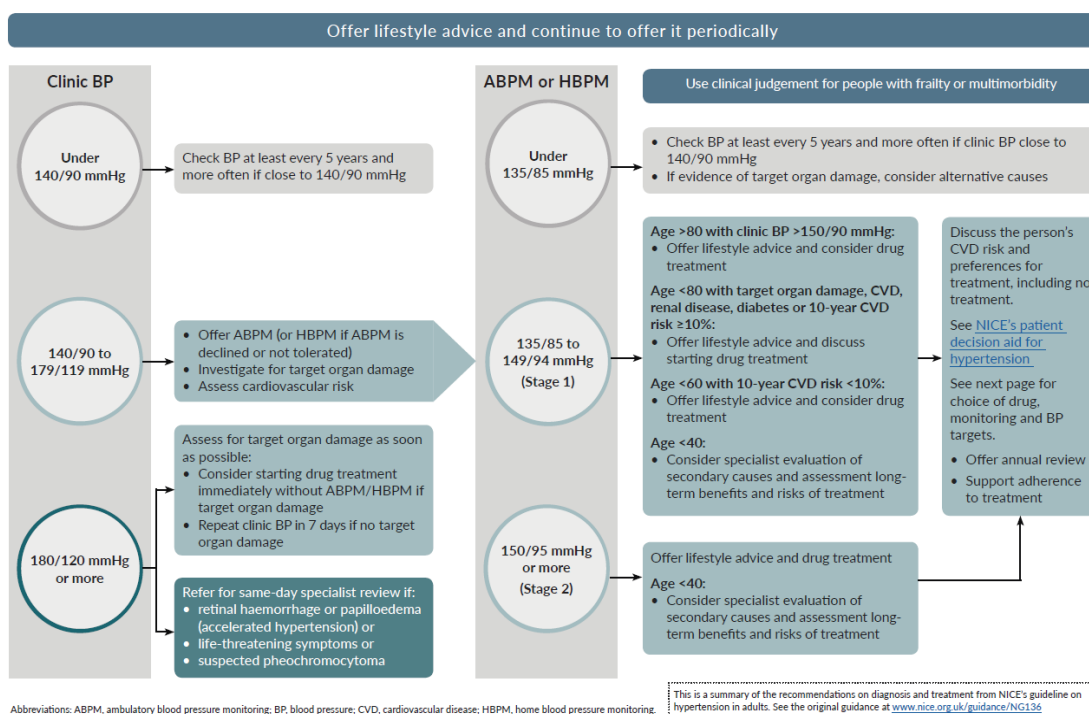
For example, a blood pressure reading is expressed as 120/80mmHg or, when spoken, 120 over 80.

### 4.3 Parameters

Heartbeat CIC uses NICE guidance dated August 2019 for the classification of blood pressure levels as illustrated below:

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<sup>3</sup> [Oxford Dictionaries](#)



Source: <https://www.nice.org.uk/guidance/ng136>

#### 4.4 Readings

HCA's and non-clinical staff receiving information regarding a patient's blood pressure, such as a return of either ABPM or HBPM, must adhere to the following guidance which is aligned to guidance given by NICE.

- If a patient's blood pressure is 140mmHg or higher, a second measurement is to be taken by the HCA
- If the second measurement differs considerably from the first, a third measurement is to be taken
- The lower of the second and third measurements is to be recorded as the clinic BP

If the BP measurement is 140mmHg or higher, the HCA is to advise home readings for 7 days if they have their own machine or they are placed on the waiting list for a Blood pressure machine. A Home Blood Pressure Form is to be printed out for the patient to complete- advise is to be given how to take Bp and record on the form. Please see section 5.1

If severe Hypertension 180/110 the on-call clinician must be informed

## 5 Effective management

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### 5.1 ABPM and HBPM

NICE guidance recommends that if the clinic BP is 140/90mmHg to 179/119, ABPM is to be offered to the patient by the HCA or nurse in order to confirm a diagnosis of hypertension. If, however, this is not practical or tolerable for the patient, HBPM is to be used and is deemed an appropriate alternative to confirm the diagnosis of hypertension.

If a diagnosis of hypertension is not reached, the patient's BP is to be measured at least every five years. This can be more frequently if the clinic BP pressure reading was close to 140/90mmHg

Readings within clinic	Management
Below 140/90	Review BP every 5 years
140/90 to 179/119	a. Offer home BP monitoring (ask patient to see reception who will arrange) b. Request blood test (hypertension link on ICE). Dip urine for protein
180/120 or more	Discuss with the on-call clinician immediately

### 5.2 Diagnosing hypertension

#### a. ABPM

When using ABPM to confirm a diagnosis of hypertension, ensure that at least TWO measurements per hour are taken during the person's usual waking hours (for example, between 08:00 and 22:00).

NICE advises that the average value of at least 14 measurements taken during the person's usual waking hours is required to confirm a diagnosis of hypertension.

#### b. HBPM

When using HBPM to confirm a diagnosis of hypertension, ensure that:

- For each blood pressure recording, two consecutive measurements are taken, at least one minute apart, and with the person seated
- Blood pressure is recorded twice daily, ideally in the morning and evening
- Blood pressure recording continues for at least four days, ideally for seven days



Discard the measurements taken on the first day and use the average value of all the remaining measurements to confirm a diagnosis of hypertension.

### 5.3 Recommendations to the patient

HCA's are permitted to offer the following advice to patients whose BP is classified as high-normal:

- Reduce salt intake
- Eat more fruit and vegetables
- Maintain a healthy weight
- Reduce alcohol intake
- Increase exercise/become more active

Additional guidance [Hypertension Food Fact Sheet | British Dietetic Association \(BDA\)](#)

## 6 Summary

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HCA's and patient facing non-clinicians play a pivotal role within general practice, providing much-needed support to the multidisciplinary team.

Understanding the classifications of blood pressure will enable all team members to provide effective care to our patients by offering additional monitoring and referral for subsequent care and treatment where necessary.