

Pre Ambulatory Blood Pressure Form Instructions
BAP Version A, 12/07/2000
QxQ Date 02/23/2001

I. GENERAL INSTRUCTIONS

The Pre Ambulatory Blood Pressure (BAP) form is completed during the participant's baseline clinic visit to document the process of applying the ambulatory blood pressure monitor to be worn by the participant for 24 hours following the baseline clinic visit. The technician must be certified with training in the proper operation and application of the Ambulatory Blood Pressure Monitor (APBM). The technician should have a working knowledge of Manual 4: Blood Pressure. The technician should be familiar with the data entry procedures for electronic form versions and understand the document titled "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year and name should be completed as described in that document. Initiate the process by providing the participant with ABPM instructions.

II. SPECIFIC INSTRUCTIONS

A. Introduction

1. Give the participant the two handouts: Participant Information: Ambulatory Blood Pressure Monitoring (ABPMR1) and Participant Information: Removing and Repositioning Ambulatory Blood Pressure Monitor (ABPMR2). Circle Y to indicate that the information handouts were given to the participant.
2. Provide verbal instructions for wearing, removing and repositioning the ABPM. Details of the participant instruction for the use of the ABPM is given in TAB E, section 5 of Manual 4: Blood Pressure. Stress that the monitor should be worn for the entire 24-hour period without removal if at all possible. Ensure that the participant has an opportunity to ask questions. Circle Y to indicate this instruction was provided.
3. The intent of this item is to obtain commitment from the participant to wear the ABPM according to the instructions. If the participant does not agree go Item 23.
4. Record the date of application of the monitor using leading zeroes as needed. This should be the same date as the Clinic Exam unless the participant is unable to complete this procedure in the following 24 hours. The participant may request that this procedure be performed within the

next 30 days.

5. Record the serial number of the ABPM used for this participant.
6. Place the ABPM on the participant's arm giving preference to the non-dominant arm, marking either L or R arm as appropriate. The non-dominant arm is opposite to that arm used for most activities such as writing or holding a fork. The dominant arm can be used if there is some reason precluding use of the non-dominant arm, or on participant request. If the non-dominant arm is used, reasons will be recorded in Item 17a and b, below.
7. Using the tape measure, measure the forearm midway between the shoulder and the elbow of the non-dominant arm. Choose the appropriate cuff based on this measure. Circle the letter corresponding to the cuff chosen for the participant.
8. Record the ABPM ID Number used for this participant. This number is displayed on the computer screen and links the participant with the data to be collected over the next 24 hours.

B. Correlation

- 9-13. Correlation is a procedure to ensure that the ABPM measures are accurate measures of blood pressure as correlated with the mercury sphygmomanometer. The procedure consists of five blood pressure readings taken from the ABPM and mercury sphygmomanometer simultaneously. These are recorded on the form with space allocated for systolic and diastolic measures from each device. The instructions for this procedure are detailed in Manual 4: Blood Pressure, TAB D.

For the first measure (#1), record the results of the Sphygmomanometer systolic blood pressure (SBP) in 9a and diastolic blood pressure (DBP) in 9b. The SBP and DBP taken from the ABPM are recorded in 9c and 9d, respectively. Repeat the correlation for a total of 5 readings recording the results in Items 10-13.

Reject the measures with the highest and lowest diastolic reading (taken either by sphygmomanometer or ABPM). Circle the "R" for "reject" corresponding to the two rejected readings (9e-13e). Circle the "A" for the 3 accepted readings.

14. Calculate and record the mean of the accepted SBP and DBP measures in the appropriate boxes (14a-14d). This will be done automatically by computer if using the DES version of the form. The mean of the 3

accepted sphygmomanometer diastolic readings (14b) and the 3 ABPM diastolic readings (14d) may not differ by more than ± 7 mm Hg. If the difference exceeds seven then the participant should be excluded from ABPM. If excluded, go to item 18.

C. Completion

15. Using a 24-hour clock (e.g., 12 noon is 1200, 1:15 PM is 1315, and so forth), enter the time monitoring begun. This time is displayed on the computer screen.
16. Answer the question by circling Y or N. If the non-dominant arm is used go to item 18.
17. Circle the answer that describes why the non-dominant arm was not used. If the answer "other" is selected, please explain why the non-dominant arm was not used in the note boxes provided in 17b.
18. This item is intended to confirm that the correlation procedure defined the participant as eligible and the participant agrees to proceed with ABPM. If answered "Yes," go to item 20.
19. If the participant will not proceed with the ABPM procedure, specify the reason the procedure is not completed. For refusal or other, specify the explicit reason in the note box provided in 19b, and continue to Item 23.
20. This item verifies that an appointment has been made for the return of the ABPM. Explicit details of the time and mode of return are recorded on the 24-Hour Sample Pick-Up checklist (TFP) form.
21. Fill in the date scheduled for retrieval of the ABPM.
22. Circle "P" if the participant will return the ABPM to the JHS Exam Center or "C" if a JHS representative will pick up the ABPM. Explicit details of where the ABPM will be picked up (home, work or other) are recorded on the TFP form.

D. Administrative Information

23. Enter the 3-digit JHS code for the person in the clinic completing this form.
24. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used. If the form was partially completed on the computer, code as "P."