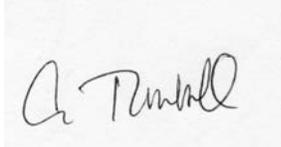




**City of Winchester
Fire & Rescue Department
STANDARD OPERATING PROCEDURE**



Section:	EMS Operations	SOP:	9.5
Subject:	Non-Invasive Blood Pressure Monitoring	Executed:	October 1, 2008 as SOG-08-04
		Revised:	April 23, 2013
Approved:		Approved:	
 C. Eddie McClellan, Deputy Chief		 Chris Turnbull, OMD	

Introduction

Providing quality Emergency Medical Treatment to the community is a priority of the Winchester Fire and Rescue Department. Advancing technologies in Emergency Medical Treatment will provide us with opportunities to advance the quality of service provided. Through research of new technology and treatments, proactive training, and active involvement from our Operational Medical Director we can provide our community with quality Emergency Medical Treatment.

Purpose

To establish a guideline outlining when Non-Invasive Blood Pressure monitoring (NIBP) should be utilized during patient treatment activities.

Responsibility

All Emergency Medical Services personnel should be familiar with the equipment, supplies, methods, and reasoning for NIBP monitoring. Although this is a valuable tool in providing quality treatment to patients, NIBP monitoring **shall not** to be utilized as the primary method for obtaining initial blood pressure. All initial blood pressures must be obtained manually utilizing a standard blood pressure cuff and stethoscope.

Indications

1. NIBP monitoring can be utilized for continual blood pressure monitoring after obtaining an initial manual blood pressure (Patient contact time of 10 minutes or greater should have two sets of vital signs if possible, **trauma or critical patients should have vital signs taken at 5 minute intervals whenever possible**).
2. When the provider is unable to obtain the initial blood pressure manually the LIFEPAK12 Non-Invasive Blood Pressure monitoring system should be utilized

(The reason why a manual blood pressure could not be obtained **must** be documented in the narrative).

Contraindications

1. Dialysis Shunts (Use other arm or thigh)

Considerations

1. Any drop in systolic blood pressure 30mmHg, significant change in patient clinical status or systolic blood pressure less than 80mmHg consider obtaining a manual blood pressure.