Screening Reference Guide - Blood Pressure (Adult and Pediatric)

Use this blood pressure chart to work out what the blood pressure readings mean. This is a screening and not intended to be a diagnosis for high blood pressure as we are only doing one reading.

NOTE: BP reading is considered abnormal if either value (systolic or diastolic) is outside the normal range.

Table 1: Children age 13 + and adults¹

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BP Reading Category	Systolic mmHg		Diastolic mmHg	Action		
	(upper number)		(lower number)			
Hypotensive	Less than 90	and	Less Than 60	Referral		
Normal	Less Than 120	and	Less Than 80	none		
Elevated	120-129	and	Less Than 80	Referral		
High Blood Pressure	130-139	or	80-89	Referral		
Hypertension Stage 1						
High Blood Pressure	140-159	or	90-99	Referral		
Hypertension Stage 2-a						
On- Site Action Required for Blood Pressure Readings Below						
High Blood Pressure	160-180	or	100-120	Immediate (Urgent) Referral		
Hypertension Stage 2-b				to Event on- site Medical		
				Services		
Hypertensive Crisis	Higher Than 180	and/or	Higher than 120	Immediate (Urgent) referral to		
				Event On-site Medical Services		

Table 2: Children Age 8-12 Blood Pressure Values Requiring Further Evaluation by Medical Professional²

Age	Blood Pressure Values*			
	Systolic mm Hg	Diastolic mm Hg		
8	107	69	Referral	122/84 or above → Urgent Referral to Medical Services
9	107	70	Referral	124/86 or above → Urgent Referral to Medical Services
10	108	72	Referral	124/87 or above \rightarrow Urgent Referral to Medical Services
11	110	74	Referral	126/88 or above → Urgent Referral to Medical Services
12	113	75	Referral	128/90 or above → Urgent Referral to Medical Services

^{*}Any BP reading repeatedly at or above the systolic or diastolic values listed in table 2 requires further evaluation.

On-Site Follow Up to Blood Pressure Results

- 1. Test BP in right arm. If the right side is in normal range you are done. No need to test left arm
- 2. If the right side is abnormal, do the left arm. If the left confirms the right (either hypertensive or hypotensive), then you are done (and referral is needed).
 - a. If the left is normal, but the right is not, then let the athlete rest, drink water, and redo the right. If right is now normal too, then the athlete is normal. If the right is persistently abnormal, then the right-side rules the diagnosis (and referral is needed)
 - b. In the rare case that the left is more abnormal than the right, the most abnormal reading wins (and referral is needed), but we recommend you let the athlete rest, drink water, and reconfirm.
 - c. If the right is more than 20 mm/hg greater than the left, not only is the athlete hypertensive, but they should be referred for a medical evaluation to rule out possible coarctation of the aorta (referral required)

Urgent Referral: Per SOI Policy, if the athlete is competing and in Hypertension 2b or Hypertensive Crisis for repeated readings, you are required to notify the coach and send the athlete to the medical event staff for immediate medical clearance prior to competition.

References:

- 1. Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines, the 2017 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults. November 2017. http://hyper.ahajournals.org/content/guidelines2017
- 2. Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904 (not available for free download)

6 SIMPLE STEPS TO GET AN ACCURATE **BLOOD PRESSURE READING**

The common positioning errors can result in inaccurate blood pressure measurement. Figures shown are estimates of how improper positioning capotentially impact blood pressure readings.

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Pickering, et al. Recommendations for Blood pressure Measurement in Humans and Experimental Animals Part 1. Blood Pressure Measurement in Humans, Circulation, 2005; 111: 697-716.

Handler, J. The importance of accurate blood pressure measurement. Permanente Journal/Summer 2009/Volume 13 No. 351 This graphic was modfied from materials from American Medical Association and The John Hopkins University. The original content can be found at https://www.ama-assn.org/ama-johns-hopkins-blood-pressure-resources.



