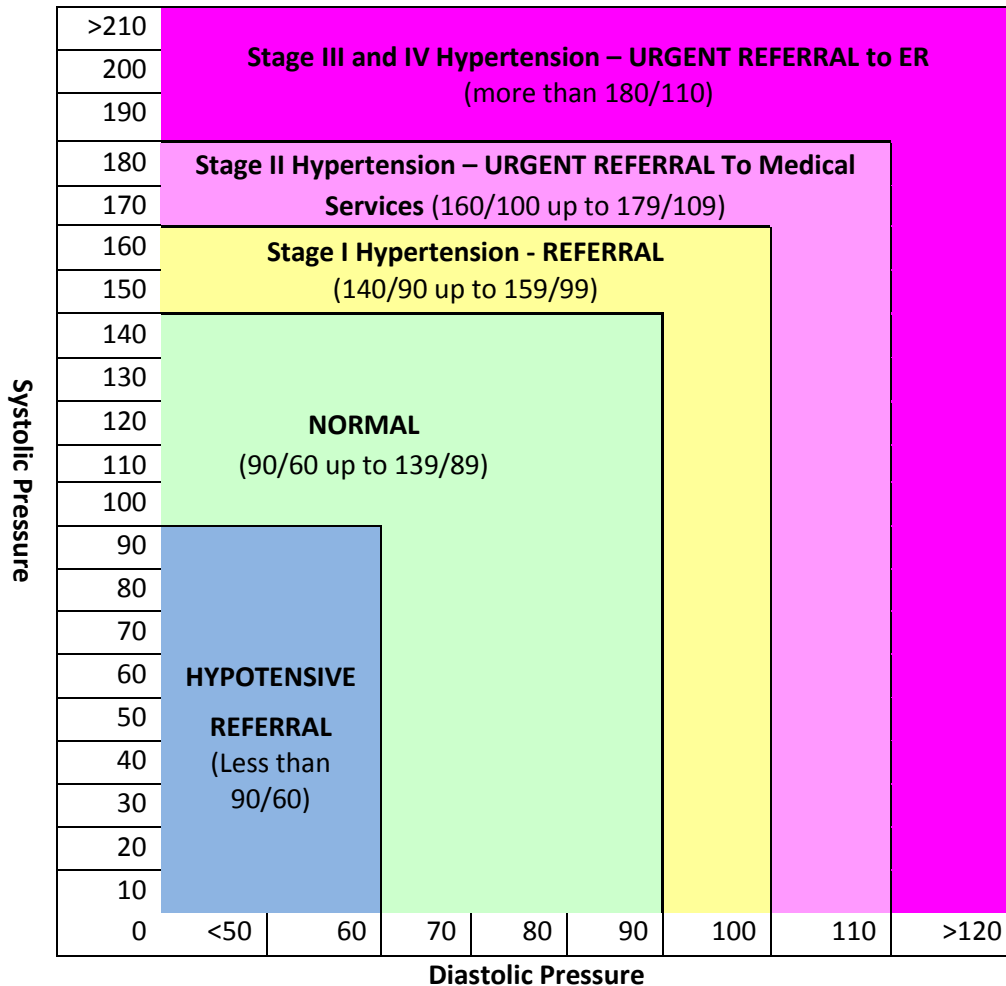


# Adult Blood Pressure – Summary Reference Sheet

Use this blood pressure chart to work out what the blood pressure readings mean. Find the top number systolic on the left side of the blood pressure chart and read across, and the bottom number diastolic on the bottom of the blood pressure chart. Where the two meet is the blood pressure. **NOTE: BP is considered abnormal if either value (systolic or diastolic) is outside the normal range.**



## KEY:

Hypo	Reconfirm. If still low, <b>NON-URGENT REFERRAL NEEDED</b>
Normal	<b>No referral needed</b> - continue with other screenings.
Stage I	Reconfirm. If still high, <b>NON-URGENT REFERRAL for Follow-up</b> . Advise athlete to ask a doctor how food, beverages, and exercise can help bring blood pressure to a healthier level.
Stage II	Reconfirm. If still high, <b>URGENT REFERRAL NEEDED</b> . Talk with coach/guardian and send the athlete medical services for evaluation, if competing that day. <b>No sports allowed until cleared by physician.</b>
Stage III Or Stage IV	Reconfirm. If still high, <b>notify coach to take athlete to Medical Services for IMMEDIATE REFERRAL and transfer to the emergency room. No sports allowed until cleared by physician. This is SOI policy.</b>

## Recommended Screening Process

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 we are done (*and referral is needed*).
3. 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 patient is normal. If the right is persistently abnormal, then the right side rules the diagnosis (*and referral is needed*)
4. 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.
5. **If the right is more than 20 mm/hg greater than the left, not only is the person hypertensive, but they should be referred for a medical evaluation to rule out possible coarctation of the aorta (*referral required*)**

## Pediatric and Adolescent Blood Pressure - Summary Reference Sheet

Follow the same screening process as for adults, but use this chart to determine referral needs for pediatric athletes.

Age	Hypotension		Normal BP		Stage I Hypertension		Stage II Hypertension		Urgent Hypertension	
	Systolic	Diastolic	Systolic	Diastolic	Systolic	Diastolic	Systolic	Diastolic	Systolic	Diastolic
	86	58	87	75	115	76	126	89	169	100
<b>9</b>	88	59	89	76	117	77	128	90	162	101
<b>10</b>	90	60	91	77	119	78	130	91	164	102
<b>11</b>	90	60	91	78	121	79	132	92	166	103
<b>12</b>	90	60	91	79	123	80	134	93	168	104
<b>13</b>	90	60	91	80	125	81	136	94	170	105
<b>14</b>	90	60	91	81	127	82	138	95	172	106
<b>15</b>	90	60	91	82	129	83	140	96	174	107
<b>16</b>	90	60	91	83	131	84	142	97	176	108
<b>17</b>	90	60	91	84	133	85	144	98	178	109
<b>18+</b>	90	60	91	89	140	90	160	100	180	110

KEY:

Hypo	Reconfirm. If still low, <b>NON-URGENT REFERRAL NEEDED.</b>
Normal	<b>No referral needed</b> - continue with other screenings.
Stage I	Reconfirm. If still high, <b>NON-URGENT REFERRAL for follow-up.</b> Advise athlete to ask a doctor how food, beverages, and exercise can help bring blood pressure to a healthier level.
Stage II	Reconfirm. If still high, <b>URGENT REFERRAL NEEDED for further evaluation – send athlete to medical services, if competing that day. No sports allowed until cleared by physician.</b>
Stage III	Reconfirm. If still high, <b>notify coach for IMMEDIATE REFERRAL and transfer to the emergency room. No sports allowed until cleared by physician.</b>

**NOTE: Per SOI Policy, if the athlete is competing and in Hypertension II or Hypertension III/IV 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.**

The complex process of interpreting blood pressure values for children is simplified in this chart. It was derived by Dr. Matt Holder, Medical Advisor, Special Olympics International. It is based on an algebraic formula applied to blood pressure values at the 50th percentile height. It was tested against the National Heart, Lung, and Blood Institute, National Institutes of Health, U.S. Department of Health and Human Services. The resulting color coded chart in an imperfect but implementable screening tool appropriate for use in Special Olympics Health Promotion and MedFest. Referrals for abnormal pediatric blood pressures may be made based on the colored coded chart.

[www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-pediatric-jnc-4/blood-pressure-tables.htm](http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-pediatric-jnc-4/blood-pressure-tables.htm)