

Training Skill Session - Blood Pressure

- When you are training volunteers, use this training tool to have the volunteers practice their skills at measuring blood pressure.
- Have training participants pair up and instruct each person to take turns as measurer and recorder to complete measurements on the same athlete, staff or volunteer.
- Record the volunteer's measurements and whether or not they followed the Fidelity Checklist for Blood Pressure.
- Compare the results with the team after measurements are taken.
- Review any information they should learn and/or practice before they take measurements during an event.

Information about program:

Date:

Location:

Event Name:

Program type:

Program State/Country:

Program Region:

Person overseeing training (print name):

Person in charge of event (signature):

Role in SO Program:

Volunteers being trained:

Name of Volunteer #1:

Name of Volunteer #2:

Name of Volunteer #3:

Name of Volunteer #4:

| Athlete #1 | Athlete #1 |
|--|--|
| Systolic pressure (top number): | Systolic pressure (top number): |
| Diastolic pressure (bottom number): | Diastolic pressure (bottom number): |
| Equipment checked?: | Equipment checked?: |
| Ask Athlete about smoking in past 30 mins.?: | Ask Athlete about smoking in past 30 mins.?: |
| Ask Athlete about eating in past 30 mins.?: | Ask Athlete about eating in past 30 mins.?: |
| Ask Athlete about physical activity in past 30 mins.?: | Ask Athlete about physical activity in past 30 mins.?: |
| Correct size monitor used?: | Correct size monitor used?: |
| Monitor correctly placed on the athletes' arm?: | Monitor correctly placed on the athletes' arm?: |
| Correct placement of athlete's arm?: | Correct placement of athlete's arm?: |
| Correct placement of athlete's feet and legs?: | Correct placement of athlete's feet and legs?: |
| Measurer Name: | Measurer Name: |
| Recorder Name: | Recorder Name: |

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| Athlete #2 | Athlete #2 |
|--|--|
| Systolic pressure (top number): | Systolic pressure (top number): |
| Diastolic pressure (bottom number): | Diastolic pressure (bottom number): |
| Equipment checked?: | Equipment checked?: |
| Ask Athlete about smoking in past 30 mins.?: | Ask Athlete about smoking in past 30 mins.?: |
| Ask Athlete about eating in past 30 mins.?: | Ask Athlete about eating in past 30 mins.?: |
| Ask Athlete about physical activity in past 30 mins.?: | Ask Athlete about physical activity in past 30 mins.?: |
| Correct size monitor used?: | Correct size monitor used?: |
| Monitor correctly placed on the athletes' arm?: | Monitor correctly placed on the athletes' arm?: |
| Correct placement of athlete's arm?: | Correct placement of athlete's arm?: |
| Correct placement of athlete's feet and legs?: | Correct placement of athlete's feet and legs?: |
| Measurer Name: | Measurer Name: |
| Recorder Name: | Recorder Name: |