

**Doppler Ultrasound for Blood Pressure Assessment in the LVAD Patient #DAHS-NSCDUABPPDVAD**

<b>Name:</b>	<b>Employee ID #:</b>
<b>Unit:</b>	<b>Title:</b>
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
These skills will be considered complete when all below performance criteria are completed and page 1 has been scanned and emailed to: <a href="mailto:cppn@health.ucdavis.edu">cppn@health.ucdavis.edu</a>	

<b>Doppler Ultrasound for Blood Pressure Assessment in the LVAD Patient #DAHS-NSCDUABPPDVAD</b>	<b>Date</b>	<b>Verifier Initials</b>
<b>References:</b> 1. <a href="#">UC Davis Health Policy 5002: Durable Ventricular Assist Device: Nursing Management</a> (Section V Paragraph B) 2. <a href="#">Elsevier Clinical Skills: Doppler Ultrasound for Assessment of Blood Pressure and Peripheral Pulses</a> 3. VAD Aware Training DAHS-NGNVADA15		
If possible, ensures that the patient is seated or supine for at least 5 minutes		
Positions the appropriately sized blood pressure cuff above the elbow with the bladder midline over the brachial artery		
Using a handheld doppler, locates the patient's brachial arterial Doppler sound. Tilts the probe at a 45-degree angle along the length of the vessel. Avoids putting excess pressure on the probe		
Maintains the position of the probe over the artery and inflates the blood pressure cuff until the arterial Doppler sound is no longer audible		
Deflates the cuff slowly and notes on the sphygmomanometer when the first Doppler sound is heard		
The number on the sphygmomanometer associated with the first Doppler sound is the patient's mean arterial pressure (MAP)		
Removes cuff, wipes gel from patient's arm. Discards supplies, removes PPE, performs hand hygiene, documents findings in the EMR		
Cleans face of the Doppler probe with a soft tissue. Follows manufacturer's recommendations for disinfecting the probe after each use		

**PRECEPTOR SIGNATURE:**

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

<b>Initials:</b>	<b>Print Name:</b>	<b>Signature:</b>

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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