



Preparing Pharmacists Who Transform Lives®

Student Leader Handbook

And

Transition Guide

2015- 2016

Student Leader Handbook

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WORKING WITH THE STUDENT AFFAIRS OFFICE

Dr. Renee DeHart, Associate Dean for Student Affairs
Administrative Assistant: Mrs. Susan Flick
Office Manager: Mrs. Linda Killingsworth
Director of Admissions (oversees Student Ambassador Program): Mr. Bruce Foster
Assistant Director of Admissions (Pharmacy Camp Director): Mr. Jon Parker
Program Coordinator – Admissions: Mrs. Peggy West

Dr. Renee DeHart	205-726-4276
Mrs. Susan Flick	205-726-2053
Mr. Bruce Foster	205-726-2982
Mrs. Linda Killingsworth	205-726-2387
Mr. Jon Parker	205-726-4242
Mrs. Peggy West	205-726-2008
FAX:	295-726-4141
Office Location:	Ingalls 111
Office Hours:	Monday - Friday, 8:00 a.m. – 4:30 p.m.

Come see Us!

We are very supportive of students and student organizations and want your experience with the MSOP to be a positive one.

Plan Ahead!

To meet with us on non-emergency issues, call or come see Mrs. Susan Flick for assistance in setting an appointment. Mrs. Flick is also available via email at: sflick@samford.edu or 205-726-2053.

Complete Information

Please gather and bring as much pertinent information as possible when meeting with us about upcoming events. Consider having names, dates, times, and any necessary paperwork with you when you come to the meeting. If possible, have the information available for review before your appointment.

Reserving a Room for meeting or event

Please complete the MSOP Room Request form (Appendix A) and submit it to Mrs. Flick as soon as you know you will have a meeting or event. Rooms will be assigned based on availability of the rooms and the size of the meeting. You will receive an email from Mrs. Flick when the room request has been approved by the building coordinator. Please do not publish a meeting location before getting the email that your request has been confirmed.

Below is a list of the rooms in Ingalls and Russell Halls that are available to reserve:

Small Classrooms:

Russell 116 – Sterile products lab – seats 42

Russell 208 – CVS Room – seats 30

Ingalls 119 - Walgreens Room – seats 28

Ingalls 003 - seats 35

Large Classrooms:

Russell 125 - seats 130

Ingalls 118 – seats 127

Ingalls 004/006 – seats 180

There are other rooms on the Samford University campus that you can reserve for your class or organization. Please see Mrs. Flick for suggestion of a space for your meeting or event and to reserve the space.

Guest Parking Request

If you have a guest speaker coming to campus you can reserve them a parking space in the visitor parking in the front of Ingalls Hall. Please email Mrs. Flick at sflick@samford.edu and she will request the parking space from Samford's Transportation Services. If your guest requires handicapped parking, please let us know and we can request a parking space in the back lot of Ingalls Hall.

You will need to provide the following information:

Event Name

Date of the Event

Speaker's Name

Time of the event and length of time they will need the parking space

Student-Planned Health Fairs and Screenings - Guide for Students

Role of Faculty Advisor

The role of your faculty advisor is to guide you through the planning process in order to ensure that you plan an event that will provide an excellent service to your patients that follows all legal and ethical regulations for health screenings.

Planning Your Event

Prior to the Screening/Health Fair:

1. AT LEAST 6 weeks prior (earlier for larger events): Set the date for the event and identify students to plan and coordinate it.
2. AT LEAST 4-6 weeks prior: Secure Faculty/Pharmacist supervision
 - a. For a health fair, there must be at least one AL licensed pharmacist present for the entire event
 - b. If using a non-MSOP owned testing devices, the supplier of the testing devices must have its own CLIA waiver.
3. AT LEAST 3-4 weeks prior: Set up schedule for student volunteers
 - a. Federal regulations (OSHA and CLIA) mandate that personnel conducting the screenings are properly trained on use of equipment and have completed blood borne pathogen training. Additionally, students must be in the professional pharmacy program to legally counsel patients. Based on when training occurs in the current curriculum, following policy has been set for all student-managed health screenings:
 - i. P1 students will be authorized to test glucose concentration (after training during Orientation), measure height, weight, and BMI, and assist with patient data collection and entry.
 - ii. P2 students will be authorized to test blood pressure and cholesterol (after requisite IPA training in the fall P2 semester) and all items as listed for P1 students. Additionally, P2 students are authorized to counsel on blood pressure and cholesterol results once those topics are completed in the Fall P2 Pharmacotherapy course.
 - iii. P3 students will be authorized to perform all P1 and P2 student functions, and to counsel patients on the results of all screenings.

4. AT LEAST 3 weeks prior: Reserve equipment and supplies (Appendix B)

The following equipment may be available for student use: Blood pressure cuffs (pediatric, adult and large adult), glucose meters, cholesterol testing machines, scales, body fat analyzers and breast self-exam models. All equipment will be checked out through Peggy West in ING 111 using proper forms (see appendix B) and must be reserved at least 3 weeks in advance. Requests will be processed on a first come, first served basis. Please discuss with your faculty advisor if you are planning to use other equipment to ensure it meets the legal requirements set forth by the MSOP's CLIA waiver.

5. 1-2 weeks before the Event:

- a. Coordinate/plan transportation of equipment to and from the event.
- b. Confirm with student volunteers and supervising pharmacists and faculty
 - i. Provide specific details on time, date, location, including directions for how to get to building, where to park, where to set up and a cell phone number of the student overseeing the event for them to contact if there is a problem/question the day of the event.

6. Day before the Event: Pick up equipment and supplies from the Student Affairs Office in ING 111.

During the Event

1. Be sure that all patients sign a consent form and are properly counseled on results.
2. Record all patient results on the appropriate MSOP documents.
3. If any equipment breaks or is not working properly, please label it as broken and set it apart from the rest so repairs can be made after the event.

After the Event:

1. Return equipment, consent forms, any results documents, biohazardous materials, and left-over supplies to the Student Affairs Office within one business day. Remember that the consent forms contain PHI and care should be taken to safeguard this information.
 - a. Notify Peggy West immediately if any equipment did not work properly during the screening.
2. E-mail supervising pharmacists and/or faculty to thank them for volunteering.

Supply Checklist for Health Screenings

Blood pressure screening:

- Students should bring their own stethoscopes
- Small, medium and large cuffs are available
- Consent forms
- A record to give patients the results
- Education materials to aid counseling

Glucose Screening:

- Single-use Lancets
- Alcohol swabs
- Cotton balls or sterile gauze pads
- Band-aids
- Non-latex gloves
 - Small
 - Medium
 - Large
- Sharps container
- Biohazard bags
- Glucose meters
- Test strips
- Consent forms
- A record to give patients the results
- Education materials to aid counseling

Cholesterol Screening:

- Single-use Lancets
- Alcohol swabs
- Cotton balls or sterile gauze pads
- Band-aids
- Non-latex gloves
 - Small
 - Medium
 - Large
- Sharps container
- Biohazard bags
- Lipid panel cartridge/strips
- Capillary Tube
- Plungers
- Cholesterol testing machine
- Consent forms
- A record to give patients the results
- Education materials to aid counseling

Reimbursement for travel or meeting expenses

Student expenses that qualify for reimbursement either from an administrative office or from a student organization include conferences, annual meetings, school and organization meetings, MSOP special events or expenses related to organization events. Reimbursement amounts will be determined and require approval in advance of the event by the department or organization responsible for funding.

- 1) Submit an Expense Reimbursement Form (Appendix C) and receipts to Mrs. Linda Killingsworth within two weeks of the event. You should provide a separate summary sheet itemizing your expenses for travel reimbursement which would include food, hotel, registration, taxi, etc. Receipts will not be reimbursed if they are not presented for reimbursement within two months of the event.
- 2) For travel, reimbursement receipts for airline, registration, hotel, etc. should clearly provide proof of payment. Conference and meeting brochures as well as airline receipt emails normally provide official documentation stating location and dates required on the reimbursement form.

An airline receipt must be a "receipt" and not an itinerary or preliminary booking. An acceptable receipt should reflect the name of the traveler; name and designator code of airline; dates of travel; destination(s) or leg(s) of the trip; fare and class of ticket and total cost of the ticket.

An acceptable receipt should also include last four digits of your credit card or you could provide a copy of your credit card statement blocking out all but the last four digits of the card and clearly marking the purchase to be reimbursed. If paying by check you can provide a copy of the cancelled check.

If traveling by car you can either be reimbursed for a rental car or claim mileage (.56 per mile) for your personal car whichever is the least expensive option. You will need to also provide proof of insurance on the reimbursement form including policy number and expiration date for your personal vehicle.

- 3) Reimbursement for school or organization meetings on campus can be made by turning in a Reimbursement Form (Appendix C) along with all receipts and a list of attendees.

Submitting Vendor Invoices for payment

In order for a company to be paid from Samford University funds the company should be a licensed vendor in the University Banner System. The link to the merchandise vendors list is <http://www.samford.edu/uploadedFiles/Articles/Services/Communication/Licensed-Vendor-List.pdf> . Please check with Linda Killingsworth to verify if your vendor is an approved Samford University vendor before purchasing. For non-approved vendors, a vendor request form will need to be submitted and the approval process will be finalized through the University Purchasing Office. Once the vendor is approved you should provide an invoice to Mrs. Killingsworth for payment.

MSOP organizations are not tax exempt.

Deposit money to Class or Organization Accounts

Any money to be deposited into a class or organization account should be given to Mrs. Linda Killingsworth in an envelope clearly identifying who is making the deposit, what the money is for and what account it should be deposited into.

Any record keeping of accounts is the responsibility of the class or organization treasurer. Mrs. Killingsworth does not keep a record of who the checks are from in a deposit.

All checks should be deposited within three (3) months of the date written on the check.

A GUIDE TO PROMOTIONAL ITEMS

Interested in ordering t-shirts or promotional items to promote the school or fundraise for your organization? In order for the process to go as smoothly as possible, please keep in mind the following:

- ANY item that includes an official Samford logo or proper name (including McWhorter School of Pharmacy or an abbreviation of an official name such as MSOP) must be ordered through a licensed vendor and must undergo the appropriate approval process.
- A list of licensed vendors can be downloaded at <http://www.samford.edu/uploadedFiles/Articles/Services/Communication/Licensed-Vendor-List.pdf> .
- Official logos may NOT be altered in any way and any use of Samford logos must follow the guidelines outlined at <http://www.samford.edu/marketing/logos/> .
- Samford University and the proper names of its schools are all trademarked and the ™ symbol must follow them on promotional items (Example: McWhorter School of Pharmacy™). The vision statement “Preparing Pharmacists Who Transform Lives” is also trademarked and should be treated the same way.
- Art that appears to attempt to create an unofficial logo will not be approved.
- The abbreviation MSOP may not be used without spelling out the school’s full name somewhere on the item. This one can be tricky, so please don’t hesitate to ask for help.

READY TO PLACE YOUR ORDER?

When you are ready to seek approval to sell an item, please:

- Email a draft version of what you are proposing to Katie Stripling at kstripli@samford.edu and CC Dr. DeHart at rmdehart@samford.edu AND your advisors of the group you are selling the item on behalf of. This will allow you to get all of our input/assistance in one request.
- The more advance notice, the better (i.e., a week is not likely to be enough time). Katie’s background is in marketing, so her review should make the subsequent production of your item merchandise flow more smoothly.
- Once the internal review is complete, you will approve your item with your vendor and the vendor will submit for licensing approval prior to production (this process will not involve you, but please plan for this to take 24-48 hours).

QUESTIONS?

Please contact Dr. DeHart or Katie Stripling with any questions.

SAMPLE MEETING AGENDA

Organization Presidents Retreat Successful Meetings Agenda

April 18, 2015
11:00 – 11:30 AM ¹
ING 118

- I. Welcome (Thompson) – 2 minutes ²
- II. Devotion ³ (Thompson) – 2 minutes
- III. Approval & Review of Minutes ⁴ (Thompson) – 3 minutes
- IV. Announcements (DeHart) – 3 minutes
- V. Reports (Officers/Chairs) – 10 minutes
 - Treasurer
 - Committee on Roberts Rules
 - Committee on Miscellaneous Committee Stuff
- VIII. Unfinished Business – 3 minutes
- IX. New Business – 5 minutes
- XI. Adjournment

Footnotes:

1 – Start and end on time.

2 – You do not need a stop-watch, but keep an eye on time scheduled.

3 – Optional, but a good way to start anything.

4 – Role of the secretary – elect a good one.

www.wikihow.com is a good, quick resource for making agendas, taking minutes, running a meeting, etc.

POTENTIALLY HELPFUL NATIONAL ORGANIZATION RESOURCES

Governance:

Sample officer descriptions: <http://www.pharmacist.com/node/34730>

Sample bylaws and constitution: [http://www.pharmacist.com/sites/default/files/files/CAA_Program-Appendix_E-Model_Constitution_and_Bylaws\(1\).pdf](http://www.pharmacist.com/sites/default/files/files/CAA_Program-Appendix_E-Model_Constitution_and_Bylaws(1).pdf)

Sample oaths of office: <http://www.pharmacist.com/sites/default/files/files/APhA-ASP%20Oath%20of%20Office.pdf>

Chapter Guides/Manuals:

Student Chapter Manual (from CPFI): <http://www.cphi.org/affiliated-groups>. Lots of interesting appendices

Toolkits:

Share and Reapply (from SSHP): site to exchange ideas on fundraising, membership drives, professional development projects, etc:
<http://www.ashp.org/menu/MemberCenter/SectionsForums/PSF/StudentSocieties/Tools/Share-and-Reapply.aspx>

AMCP project toolkit: <http://amcp.org/CLAtoolkits/>

Phi Lambda Sigma Student Leadership Development resource list
:<http://www.philambdasigma.org/Resources/LeadershipDevelopment.aspx>

Student Leader Transition Guide

Outgoing Officer Check List

1. Organize all notebooks, binders, files, and electronic document folders
2. Finish all necessary correspondence (letters, e-mails, phone calls, etc.)
3. Develop action plans and timelines for new officer transition, including but not limited to:
 - Necessary meetings attended and chaired by the officer
 - Important tasks
 - Introductions to key people (relationship building)
4. Complete Outgoing Officer Information Sheet(s) (*enclosed*)

Important Information to Pass on in Your Officer Manual

A binder/electronic copies of the following recommended resources should be compiled and given to the incoming officer:

People (Contact Information)

- Outgoing person's contact information (in case there are questions when the new person takes office)
- Other student organization contacts
- Staff contacts
- Vendor contacts

Documentation

- Position description/responsibilities of the position
- Calendars/Timelines
- Sponsorship information (i.e. what organization, event, etc.)
- Electronic copies of posters/flyers/t-shirt designs
- Meeting agendas
- Meeting minutes
- Templates for forms/letters
- Budgets from prior years
- Financial documents (i.e. receipts, invoices, etc.)
- Asset list (i.e. tables, chairs, supplies, etc.)
- Electronic copies of all important documents (i.e. constitution, policies, procedures, etc.)
- Login information/passwords for organization email/FB/twitter accounts, etc.

Key Activities, Initiatives, and Events

- Information for any past vendors used (i.e. caterers, transportation services, printers, t-shirt companies, etc.)
- Description of past events, checklists, plans, etc.

Words of Wisdom

- Mistakes you made that could have been avoided
- Advice you wish you had before assuming office last year
- Questions the new officer may have

One on One transition meeting

The following will help guide your conversation by focusing on past accomplishments and providing a critical evaluation of the year in office.

Agenda

- Responsibilities of the position
 - Timeline for completing duties of the position
 - Unfinished projects
 - Important resources and contacts
 - Mistakes the outgoing officer made that could have been avoided
 - Advice the outgoing officer wishes s/he had been told before taking office last year
 - Questions from the incoming officer
 - Outgoing officer contact information (in case more questions arise)
-
- **Questions to Consider**
 - What specific accomplishments were realized this year and why were they successful?
 - What problems or disappointments did you encounter this year and how could they be avoided or corrected?
 - What supplemental materials or resources did you find most helpful (i.e. contacts, websites, campus partners, etc.)?
 - How can the timeline for the position be made more efficient and effective?

Outgoing Officer Worksheet

TO BE COMPLETED PRIOR TO TRANSITION MEETINGS. Please think through and respond to the following questions regarding your responsibilities. This information will be helpful for your successor.

1. What I liked most about my position...
2. What I liked least about my position ...
3. The most difficult decision I made was...
4. What I could have done to make the experience better...
5. Things that helped me better handle my position were...
6. Things I wish I'd known before I took office were...

Maintaining Continuity: Transition Questions

Outgoing Officers

1. What do you perceive to be our organization's objectives or goals (short-term and long-term)?
2. What do you consider to be the responsibility of your office?
3. What do you wish you had done, but did not?
4. What did you try that did not work? Why did it not work?
5. What problems or areas will require attention within the next year?
6. Who was the most helpful in getting things done? (Who were good resources?)
7. What should be done immediately in the fall?

Incoming Officer Worksheet

TO BE COMPLETED PRIOR TO TRANSITION MEETINGS. Please think through and respond to the following questions. This information will be helpful as you begin planning for next year.

1. What position-specific things do I want to know about (i.e. forms, timelines, duties, etc.)?
2. Things I should or want to do over the summer...
3. Other students, faculty and staff I should get to know...
4. Resources and services I need to know about...
5. Things I need to know about working with my faculty/staff and/or advisor...
6. Other questions I want answered...

Maintaining Continuity: Transition Questions

New Officers

1. What do you perceive to be your organization's objectives or goals (short-term and long-term)?
2. What do you consider to be the responsibilities of your office?
3. What are your expectations of yourself in this office?
4. What expectations do you have of the rest of the Executive Committee?
5. What expectations do you believe others have of you?
6. What problems or areas will require your attention in the next year?
7. What should be done immediately in the fall?
8. Who do you anticipate will be the most helpful in getting things done?
9. Write down one specific problem you anticipate encountering during your term and how you will go about overcoming it.

MSOP Room Request

Requestor: _____ Today's Date: _____

Requestor Phone: _____ Requestor email: _____

Organization/Class: _____

Event Title: _____

Date of Event: _____ Number of Attendees: _____

Time of Event: _____ Length of Event: _____

Room Requested: 1st choice: _____

2nd choice: _____

Other equipment needed for your event: (tables, chairs, projectors etc....)

For Office Use Only

Emailed Confirmation: _____

Screening Supplies Request

*(Submit this request to Peggy West AT LEAST THREE WEEKS PRIOR TO EVENT. You may drop off in person at
INGALLS 111 or scan and email to mwest@samford.edu)*

Organization/Student Requesting: _____ **Date Requested:** _____

Location, City, Date and Time of Event: _____

Advisor Signature: _____ **# of anticipated patients:** _____

Please indicate supplies needed: (Lipid testing requests will be reviewed on a case by case basis)

Qty needed	SUPPLIES	USUAL COST	DATE TAKEN (Staff Use only)	DATE RETURNED (Staff Use only)	COMMENTS (Staff Use only)
	Sharps Container	\$8.50/each			
	Box Gloves 100 pr – Small	\$11/box			
	Box Gloves 100 pr – Medium	\$11/box			
	Box Gloves 100 pr – Large	\$11/box			
	Bag Cotton Balls	\$2/bag			
	Alcohol Prep Pads (200 ct)	\$1.4/box			
	Band-aids 100/box	\$2.5/box			
	Hand sanitizer	\$1.4/bottle			
	Biohazard (red) bags	\$1 each			
	Deep Lancets for Cholesterol testing 2.2mm, 100/box	\$25/box			
	Regular Lancets for glucose 1.8mm, 100/box	\$17.5/box			
	Glucometers	\$0.02/each			
	Glucometer Test Strips 50/box	\$25/box			
	Cholesterol Machine	\$2000/each			
	Cholesterol Strips -15 Strips/box	\$12/each			
	Capillary Tubes – 25 per vial	\$13/vial			
	Capillary Plungers – 25 per vial	\$6/vial			
	Weight Scale	\$30/each			
	Handheld body fat analyzer	\$40/each			
	Blood Pressure Cuffs - Adult Size	\$30/each			
	Blood Pressure Cuffs – Large Adult Size	\$30/each			
	Blood Pressure Cuffs – Child size	\$30/each			
	Breast Self Exam Model	\$280/each			
	Tape measure for height	\$3/each			
	Masking Tape	\$4/each			
	Formal Table Cloth	\$150/each			
	Paper Table Cloth	\$2.00/each			
	Extension Cord	\$10/each			
	Outdoor Canopy	\$99/each			

Health Screening Consent Form

My signature below means that I voluntarily agree to take part in this health screening. I hereby release the McWhorter School of Pharmacy from any and all liability arising from or in any way connected with measurements necessary for this health screening or from the data derived. I understand the following:

- 1) I acknowledge that I am 19 years of age or older.
- 2) The results of this procedure will be made available for me immediately.
- 3) If blood is obtained from a fingerstick, I understand that I may experience slight pain or a bruise at the puncture site. There is also a small risk of infection at the puncture site.
- 4) The results obtained from the health screening(s) are preliminary, are not diagnostic, and must be compared with other test results for proper interpretation.
- 5) The results of the test are to be interpreted by a qualified physician or health care provider, taking into consideration my personal medical history. I hereby give permission for my pharmacist to send the results of this test along with my medical history to a physician or health care provider of my choice.
- 6) It is my responsibility to seek any follow-up or to carry out any other recommendations or advice regarding these results.
- 7) If data is collected using results from this health screening, your identity and individual results will not be revealed.
- 8) I acknowledge that I have received a copy of the Samford University in regard to HIPAA.

Before signing this form, I read it or had it read to me, and understand what it says. I have had a chance to ask questions. For any questions I have asked, I have received answers that I understand. Upon request, I have received a copy of this form.

Signature: _____ Date: _____

Name: _____ Date of Birth: _____ Circle: Male / Female

Address: _____

City/State/Zip: _____

Email Address: _____

Telephone: _____

Physician's Name: _____

Physician's Phone Number: _____

Patient Health Screening Results

Full Name: _____ Today's Date: _____

Date of Birth: _____ Gender: _____ Male _____ Female

Circle Yes or No: Known Diabetes: Yes/No Smoker: Yes/ No Fasting: Yes/No

Known High Cholesterol: Yes/No Known High Blood Pressure: Yes/No

Please share these results with your physician.

Results below were obtained from one-time screening tests and should be interpreted with caution.

Today's Results	My Goal	What This Means/ Recommendations
Blood Pressure:	<input type="checkbox"/> <140/90mmHg <input type="checkbox"/> <150/90mmHg <input type="checkbox"/> Other _____ <small>These numbers reflect blood pressure guidelines published online in The Journal of the American Medical Association, December 2013. Please ask your doctor if you have questions about your blood pressure goals.</small>	
Body Weight (lbs):		
Height:		
BMI:	< 18.5 Underweight 18.5 - 24.9 Normal 25 - 29.9 Overweight ≥30 Obese	
Blood Glucose:	<u>Fasting:</u> <input type="checkbox"/> 70-100mg/dL non-diabetic <input type="checkbox"/> 70-130mg/dL diabetic <u>Non-Fasting:</u> <input type="checkbox"/> <140mg/dL non-diabetic <input type="checkbox"/> <180mg/dL diabetic	
Total Cholesterol:	Total Cholesterol < 200mg/dL	
LDL:	Included in 1 of 4 Statin-Benefit Groups: Yes No	
HDL:	HDL >40mg/dL (> 50 for women)	
Triglycerides:	Triglycerides <150mg/dL	
Other Screenings:		

Pharmacist/Supervisor: _____ Contact information: _____

Student(s): _____ Student(s): _____



**Accounting and Financial Services
Travel and General Expense Report**

Name _____ SUID # _____

Remittance Address for this payment _____

Business Purpose of Travel or Expense and DATE (**REQUIRED FOR ALL TRAVEL**) (LIMIT ONE PER REPORT) _____

Auto Insurance Co., Number, Expiration (only required for mileage reimbursement) _____

Mileage Reimbursement

Miles incurred (at 0.56 per mile): _____

Summary Table

Index Code	Fund Code	Org Code	Account Code	Description	Program Code	Activity Code	Amount
			710200	Auto Fuel			-
			711800	Air Travel			-
			711805	Lodging			-
			711810	Meals			-
			711820	Parking Charges			-
			711830	Taxicab/Subway			-
			711835	Tolls			-
			711845	Vehicle Rental			-
			711815	Mileage			-
			711890	Travel Advance			-

Employee Signature _____

Supervisor Signature _____

Supervisor Name _____

Date Signed _____ Phone _____

Total of all charges

Minus Advance Received

Due Employee

Due Samford

**ADULT BLOOD PRESSURE MEASUREMENT SKILLS CHECKLIST
FOR MSOP STUDENT INVOLVEMENT IN COMMUNITY HEALTH ASSESSMENT**

Performance Aspect	Met	Did Not Meet
<i>Step 1. Getting Started</i>		
A. Introduced self to the patient.		
B. Knew the patient should be rested for at least 5 minutes before assessing blood pressure.		
C. Checked to see if the patient is seated with legs uncrossed and feet flat on floor.		
D. Positioned the patient's arm on a hard surface with midpoint of upper arm at level of the heart.		
<i>Step 2. Selection and Placement of Cuff</i>		
FOR MANUAL ASSESSMENT with cuff and stethoscope:		
A. Used appropriate-sized cuff based on where the index line of the cuff edge fell within the targeted range.		
B. Located brachial artery by palpation.		
C. Placed artery indicator on cuff in line with the brachial pulse site.		
D. Wrapped cuff smoothly and snugly around the patient's arm with the bottom edge of the cuff about 1-2 inches above the crease in arm.		
E. Asked the patient to hold the gauge at eye level or put the gauge on the cuff for easy visibility.		
FOR AUTOMATIC ASSESSMENT with machine:		
A. Located brachial artery by palpation.		
B. Placed artery indicator on cuff in line with the brachial pulse site.		
C. Wrapped cuff smoothly and snugly around the patient's arm with the bottom edge of the cuff about 1-2 inches above the crease in arm.		
D. Pressed button on the machine to assess blood pressure and documented reading when finished. (This completes the assessment with the machine.)		
<i>Step 3. Determination of How High to Pump the Cuff</i>		
A. Asked the patient what his/her blood pressure normally is.		
B. If the patient knew this number, the student knew to pump the cuff up about 30-40 mm Hg above that number. If the patient did not know this number, the student knew to pump the cuff up to about 160-170 mm Hg and assess for sound... if hears sound, knew to pump cuff up one squeeze at a time until sound is no longer heard.		
<i>Step 4. Measurement of Blood Pressure</i>		
A. Quickly pumped up cuff to the pre-determined number.		
B. Slowly released the valve at about 2mm Hg per second.		
C. Listened for when the sound first started and knew that this was the "top number" of a blood pressure reading... the <i>systolic</i> number.		
D. Listened for when the sound went away and knew that this was the "bottom number" of a blood pressure reading... the <i>diastolic</i> number.		
E. Quickly released the valve to get the remaining pressure off of the patient's arm.		
F. Documented the blood pressure reading on the appropriate form.		