

General Health Appraisal

Blood Pressure Screening

A. Regulations

No state statute or rule requires districts to provide this screening. School districts may implement this screening on direction from District Administration.

B. Overview

Blood pressure measurement is an indicator of heart function. According to some health experts two to five percent of children in the U.S. have hypertension. For students with other health issues, treatment of the primary condition may help control elevated blood pressure. Persons of any age with high blood pressure will usually need to be monitored and possibly managed by a health care provider over an extended period of time. Appropriate management can decrease the risk for conditions such as stroke and heart attack. Prevention measures for everyone include proper diet, regular exercise, maintaining a healthy weight and the avoidance of smoking.

C. Background/Rationale

Increasing numbers of children demonstrate risk factors for hypertension (high blood pressure) such as obesity, decreased physical activity, and smoking. Hypertension is often a silent ease (the person who has it does not have symptoms). Blood pressure screenings can promote identification of this condition.

Screenings also allow early intervention, which has the potential to prevent or minimize negative effects on a student's general well-being and longevity. Hypertension can occur at any age and its effects can be subtle. Ideally, routine screening should occur in school-age children every 1-2 years. Without blood pressure screening programs, hypertension may go undetected in children, especially where children lack ongoing medical supervision. Schools can provide an ideal environment for routine blood pressure screening programs.

D. Guidance

Roles and Responsibilities

It is important to provide students and families with appropriate health education on how to avoid risk factors and practice healthy life habits, e.g., appropriate exercise, nutritional intake, and stress management.

Likewise, it is important to involve nutrition and physical education staff in planning and providing appropriate school programs for students' daily participation. Community health care providers may assist in defining the population to be screened when resources do not allow all students to be screened. Community partners can be of help in identifying resources for students needing referral to health care providers.

Procedures

- Blood pressure screening programs should be conducted under the direction of the school nurse. The supervising professional has the responsibility for training and monitoring screening activities. This is not a screening that is generally appropriate to assign to lay persons.
- It is advisable to inform parents of blood pressure screenings. Communication mechanisms include a parent notice in a school publication, hand-carried notes to parents, email notification to parents, or as part of the student handbook. (See Blood Pressure Screening Appendix I, "Template for Parent Information Letter.") Parents will be given the option to withdraw their children from the school hypertension screening.
- Students should be informed of the rationale and process so they will be able to give informed consent to the screening.
- Students shall not be screened against their will.
- The school must provide adequate time, supervision of students, and environmental space to ensure appropriate assessment and individual privacy.
- A quiet environmental space is important for successful results.
- Students having deviant results from normative standards in the first screening should be re-screened on two separate days. Any student with three elevated blood pressure readings at or above 95th percentile for age should be referred to the appropriate community health care provider. Students with systolic over 150 and/or diastolic over 100 need an evaluation within 24 hours.

- Results of all screenings and testing should be shared with parents. It is the responsibility of the parent to secure and fund any recommended medical evaluation.
- For students diagnosed with hypertension, the school nurse should work with the classroom teacher(s) to implement necessary adjustments as medically prescribed to maximize learning.
- Documentation should reflect screening results and parent or student decline of screening activity.
- Documentation should be filed according to guidelines in the “Health Information and School Records” section.

Staff Development Needed

- Establish policies and procedures about screenings to be offered.

References

- American Academy of Pediatrics <http://www.aap.org/policy/re9862.html> 
- National Heart, Lung, and Blood Institute National High Blood Pressure Education Program <http://www.nhlbi.nih.gov/guidelines/hypertension/> 
- National High Blood Pressure Education Program Working Group http://www.nhlbi.nih.gov/health/prof/heart/hbp/hbp_ped.pdf 

E. Oregon Resources

- American Heart Association, NW Affiliate <http://www.heart.org/HEARTORG/> 
- Heart Disease & Stroke Prevention [Heart Disease & Stroke Prevention | Heart Disease and Stroke Prevention](#) 

F. National Resources

- American Academy of Pediatrics <http://www.aap.org> 
- American Heart Association <http://www.heart.org/HEARTORG/> 
- American Society of Hypertension <http://ash-us.org> 
- Heart Disease Prevention [CDC - DHDSP - Heart Disease Prevention](#) 
- National Heart, Lung, and Blood Institute <http://www.nhlbi.nih.gov/> 
- National Institutes of Health <http://health.nih.gov/topic/HighBloodPressure/Heartandcirculation> 

General Health Appraisal – Blood Pressure Screening Appendix I

Template for Parent Information Letter

Blood pressure screening for all 8th grade students will be held on **(insert day and date)**.

Only 8th graders will be screened on that day. However, should you have concerns regarding your 6th or 7th grade child's blood pressure, please feel free to call me.

You will be notified of the results of the screening by **(insert date)** if your child needs further assessment by a health care provider. Otherwise, your child will hand carry his/her report home. Expect results within 2-3 weeks after the screening.

I would be happy to screen your child at any time upon request. If you do not wish to have your child participate in this screen, please sign and date the appropriate sentence below.

(Signature), School Nurse
(Phone Number)
(Email Address)

____ I do not wish to have my child _____ (fill in name) participate in blood pressure screening.

_____ Signature

_____ Date

Revised: March 2012