

## Delegated Clinical Task Competency Assessment Record for Blood pressure monitoring.

Care staff name \_\_\_\_\_

Name/role of clinician assessor \_\_\_\_\_

Did the carer explain the procedure to the resident/service user?	Y	N
Did the carer seek consent prior to the task?	Y	N
Did the carer wash/sanitize their hands?	Y	N
Did the carer demonstrate turning on and checking function?	Y	N
Did the carer consider which cuff would be appropriate to use?	y	N
Did the carer position the blood pressure cuff correctly?	Y	N
Did the carer demonstrate that they could read/record accurately?	Y	N
Did the carer clean the blood pressure monitor before and after use?	Y	N
Did the carer explain what could affect accurate readings?	Y	N

\_\_\_\_\_ has been trained and assessed as safely conducting the clinical task of taking a resident/service users blood pressure accurately..

Name/signature assessor:

Date:

Date next assessment due:

Ann Hughes 21.7.21



North Staffordshire Clinical Commissioning Group  
Stoke-on-Trent Clinical Commissioning Group