



BLOOD PRESSURE CUFF  
INSTRUCTIONS

\*Please read intructions before use

a. The product is in compliance with EN1060 Non-invasive sphygmomanometers.

b. Operating procedure:

1. Position the pressure cuff

Practice the following procedure several times to become familiar with the equipment. Before taking your blood pressure, plan to relax and rest for at least 15 minutes. This will reduce the error due to physical activity. If you are right-handed, slip the pressure cuff over your left arm and extend your left arm palm up. Whether sitting or lying, be sure that your arm rests at the same level as your heart. Turn the cuff so that the stethoscope diaphragm (sound head) is on the inside of the arm just above the elbow. This locates it over the large artery near the hollow of the elbow. (This artery can be found by feeling for the pulse of the artery.) Grasp the end of the cuff and pull it snug. Then wrap it around and over your arm, pressing together with velcro tape to bind the cuff securely.

2. Inflate the cuff

Feel the pulse of the artery with your fingertips to be sure the heads of the stethoscope are located directly over it. Insert the earpieces of the stethoscope (adjust by turning earpieces to fit comfortably in your ears). Hold the gauge in your left hand or clip onto the cuff on the loop provided for reading. Close the air-flow valve on the bulb (turn clockwise). DO NOT OVERTIGHTEN. Inflate the cuff by repeatedly squeezing the bulb with your right hand. Listen to the pulse beat whilst inflating the cuff. Watch the gauge. When you can no longer hear the pulse beat, raise the pressure an additional 30mm.

3. Slowly deflate the cuff

Slowly open the air-flow valve by turning counterclockwise so that the pressure drops 2-4mmHg with each beat of your heart. (This will usually mean a drop of one to two marks on the gauge every second). The rate of deflation is important for accurate reading. Remember: The pressure of the cuff has shut off all blood flow to the arm, so do not leave it inflated fully any longer than absolutely necessary.

4. Systolic Pressure

After opening the airflow valve, listen carefully for a pulse beat. The moment you hear the faint rhythmic tapping or thumping sound of the pulse beat, note the reading on the gauge. This is your systolic (upper) blood pressure.

It may be difficult at first for you to detect the sounds of the pulse beat. Listen carefully and acquaint yourself with these unfamiliar sounds. You should also notice the needle on the gauge “bounce” when your systolic pressure is reached.

5. Diastolic pressure

Allow the pressure to continue dropping at the same rate as before (2-4mmHg per second). Listen carefully with the stethoscope. The sounds you hear will change the phases. From the first sharp tapping or thud, they will soften to blowing or swishing sounds. Watch the falling needle. At the exact point when you can no longer hear the sounds, read the gauge. This is your diastolic (lower) blood pressure reading.

c. Maintenance

Under normal condition, the device is recommended to be calibrated every two years. Calibration should also be done after repair. Calibration should be carried out at point 50mmHg and 200mmHg.

Does not contain mercury.