

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

## **MESI Ankle Brachial Pressure Index (ABPI) Medical Device (MD)**

Doncaster

**Clinical Commissioning Group** 

- ABPI MD is a medical device used to diagnose a critical disease.
- The device must be used according to the manufactures instructions at all times.
- Having completed this assessment, users will be able to demonstrate competency with the equipment to ensure correct application.

Name			Job title			
Location						
Using the device		Date of Education received and over 80% pass achieved	Date application observed	Date application supervised	Date application supervised in practice (if required)	
Charge the MD						
Use the main screen						
Recall the history						
Apply the amputation settings						
Discuss how to action error messages						
Use the "i" button for map of pressures						
PWF (Pulse Wave Form) button						
Awareness of the contraindications: Deep Vein Thrombosis, Cellulitis and Severe ischaemia.						
Patient Assessment						
Verbally informed consent gained						
Procedure explained to patient						
Room temperature is comfortable						
Privacy and dignity maintained						
Tight or restrictive clothing removed						
Patient correctly positioned -lying down. If this is not possible document the position achieved						
Cuffs correctly attached to the device						
Bladders in the cuffs are not inflated or twisted prior to use						
Place the arm at a 90 degree angle away from the body for the cuff application (5cm above elbow flexure)						
Correct cuffs are applied to the correct limb						
Correct cuff size for each limb is selected						
Position the cuffs correctly as per indicators on the cuffs						
Patient to remain still and refrain from talking during the measurement process						
Press the start button						
When the recording is complete remove the cuffs						
Clean the cuffs and fold using the 3 fold method						
Interpretation of the colour values (RED – possible PAD, YELLOW – borderline ABPI, GREEN – normal ABPI)						
Signature of Assess	sor			Date	Re-assessment Date	
Signature of Partic	cipant			Date	Re-assessment Date	