PAD PRAIRIE Initiative
Ankle Brachial Index Checklist

1. □ State the purpose of the ABI and explain to patient
2. □ Instruct individual to remove shoes and socks and long sleeves.
3. □ Ensure cuffs are positioned over skin with no clothing under the cuff.
4. □ Directs patient to lie down in supine position.
5. □ Wraps blood pressure cuffs of appropriate size around each arm aligning cuff layers as they loop around. Cuff tubing should be placed out of the way of the Doppler (only if using long blood pressure cuffs)
6. □ Places blood pressure cuff of appropriate size on each ankle with lower end of bladder approximately 3 cm above medial malleolus.
   *note – midpoint of bladder must be over the artery if using shorter cuffs
7. □ Allows patient to relax in supine position for 5-10 minutes before starting ABI. Communicates to patient that they should not talk during the ABI because we want them to be completely relaxed and talking can interfere with the results of the test.
8. □ Takes artery measurements in “U” configuration starting with the right brachial artery, followed by the right dorsalis pedis, right posterior tibial, left dorsalis pedis, left posterior tibial, and left brachial artery.
9. For each artery measurement:
   a. □ Located artery by palpation.
   b. □ Applies plenty of ultrasound gel over brachial artery.
   c. □ Locates artery using Doppler probe, place probe at a 45-60 degree angle to the surface of the skin.
   d. □ Locates maximum flow, or the best quality sound, of artery with Doppler probe.
   e. □ Inflates cuff quickly to at least 20 mmHg above maximal pressure.
f. □ Deflates at 2 mmHg/second until a sustained (3 pulses in a row) systolic pressure is audible.
g. □ Deflates cuff quickly and completely.
h. □ Maintains probe on artery to reassess position and to aid in determining whether probe moved during inflation and deflation of cuff.
i. □ Records systolic blood pressure at which a sustained (3 pulses in a row pulse with first audible).

10. □ If the systolic arm blood pressure is ≥180 or above, sends to referring provider. If the systolic arm pressure is ≥220, stops test, takes a sitting blood pressure measurement, and send to referring provider.

11. □ Explains results of ABI test and gives the patient a copy of their results.

12. □ Determines if a heel-rise ABI is needed or if individual might still have PAD based on a history of revascularization or vascular lab results.

13. □ Correctly states the normal range for an ABI and identifies whether ABI is within normal range.

14. □ States on condition/circumstance that may result in an inaccurate ABI.

15. □ Understands the importance of risk factor management and exercise for PAD.

16. □ States when to refer to the vascular lab.