

ERRATUM

Numbers **T16** and **T17** are incorrect in the Tutorial answers in the supporting documentation on the DVD. The correct answers are given below.

NB there is no recording for T9 and T13

No.	Answer	Comments
T1	170/120mmHg	Phase 1 is clearly heard at 170mmHg and auscultatory sounds continue until 120mmHg. This patient is in sinus rhythm. It is important to remember that the cuff pressure should be reduced at a rate of 2-3mmHg per second or per pulse beat. This cuff has been released too quickly
T2	194/94-96mmHg	The subject is in sinus rhythm. The systolic blood pressure is recorded where repetitive, clear, tapping sounds first appear for at least two consecutive beats. Therefore, occasional sounds above this level can be ignored.
T3	132/80mmHg	The subject is in sinus rhythm. Although a few sounds are audible above 132mmHg, regular tapping sounds are not heard above this value.
T4	218/114mmHg	The subject is in sinus rhythm.
T5	178/126mmHg	The subject is in atrial fibrillation. This column demonstrates the difficulties of estimating blood pressure in arrhythmias. In atrial fibrillation, stroke volume and hence blood pressure vary depending on the preceding pulse interval. Thus blood pressure will be a rough estimate which can perhaps be improved upon only by repeated measurements.
T6	170/120mmHg	This falling column is a repeat of column 1. Did you record the same systolic and diastolic pressures?
T7	178/98-100mmHg	This patient is in sinus rhythm. Phase 1 is heard at 178mmHg and clear sounds continue until approximately 100mmHg.
T8	182/120mmHg	The subject is in atrial fibrillation. This column demonstrates the difficulties of estimating blood pressure in arrhythmias. In atrial fibrillation, stroke volume and hence blood pressure vary depending on the preceding pulse interval. Thus blood pressure will be a rough estimate which can perhaps be improved upon only by

		repeated measurements.
T9	No recording	
T10	140/88mmHg	Some irregular sounds are audible above 140mmHg. As they are neither clear nor repetitive, they can be ignored. Regular tapping sounds are heard from approximately 140mmHg and disappear at approximately 88mmHg. This patient has a sinus bradycardia (possibly caused by therapy with a beta-adrenoceptor antagonist)
T11	104/86mmHg	The subject is in sinus rhythm
T12	154/84mmHg	The subject is in sinus rhythm. The systolic blood pressure is recorded where repetitive, clear, tapping sounds first appear for at least two consecutive beats. Therefore, occasional sounds above this level can be ignored.
T 13	No recording	
T14	132/86mmHg	The subject is in sinus rhythm.
T15	250/108mmHg	This blood pressure measurement has sounds which are clear and easy to hear. A few additional non-repetitive sounds are audible below 108mmHg.
T16	146/112mmHg	The subject is in sinus rhythm.
T17	134/86mmHg	The subject is in sinus rhythm.
T18	160/98-100mmHg	Although a few non-repetitive sounds are heard above 160mmHg, these are not significant. This patient is in sinus rhythm with a few ectopic beats.
T19	110-112/84-86mmHg	The subject is in sinus rhythm
T20	120/88mmHg	The subject is in atrial fibrillation. This column demonstrates the difficulties of estimating blood pressure in arrhythmias. In atrial fibrillation, stroke volume and hence blood pressure vary depending on the preceding pulse interval. Thus blood pressure will be a rough estimate which can perhaps be improved upon only by repeated measurements. Artefacts above 120mmHg are noted.
T21	134/80-82mmHg	The subject is in sinus rhythm.
T22	126/90-92mmHg	The subject is in atrial fibrillation. This column demonstrates the difficulties of estimating blood pressure in arrhythmias. In atrial fibrillation, stroke volume and hence blood pressure vary depending on the preceding pulse interval. Thus blood pressure will be a rough estimate which can perhaps be improved upon only by repeated measurements.

T23	194/106mmHg	The subject is in sinus rhythm.
T24	198/116mmHg	The subject is in sinus rhythm.
T25	116-120/80-86mmHg	The subject is in sinus rhythm.
T26	182/128-130mmHg	The subject is in atrial fibrillation. This column demonstrates the difficulties of estimating blood pressure in arrhythmias. In atrial fibrillation, stroke volume and hence blood pressure vary depending on the preceding pulse interval. Thus blood pressure will be a rough estimate which can perhaps be improved upon only by repeated measurements. Columns 5, 8 and 26 are from the same individual, on a different occasion, illustrating the difficulty in accurately recording blood pressure in patients with arrhythmias and demonstrating why repeated measurements may be useful.
T27	210/130mmHg	This patient has a sinus tachycardia.
T28	156/98mmHg	This subject is in sinus rhythm.
T29	164/116mmHg	Phase V is difficult to hear because of muffling. Measuring blood pressure is not always easy!
T30	148/88mmHg	As the additional sounds audible before 148mmHg are irregular they can be disregarded.
T31	210/130mmHg	This falling column is a repeat of column 27. Did you record the same systolic and diastolic pressures?
T32	190-192/ 114-116mmHg	Sounds become muffled at approximately 146mmHg. This patient is in sinus rhythm.
T33	214/94mmHg	This is a good example of hypertension.
T34	108/72mmHg	The subject is in sinus rhythm and appears to have a relative bradycardia.