PharmaSmart®
Backed by Evidence, Trusted by Physicians. Don't Settle For Less.™

GOVERNMENT, VA & CORRECTIONS

FDA-CLEARED · CLASS II
US VALIDATED DEVICE LISTING

Duty of care starts with a measured blood pressure.



High blood pressure rarely has symptoms, so it hides until someone measures it. In custody, care is a constitutional duty.[1] For Veterans, it is the VA mission. When nursing posts sit empty, routine readings can slip.

The **PharmaSmart PS-2000D Health Station** adds a validated, self-service reading and multi-site reporting in the areas your team approves.

45%
of post-9/11 Veterans in VA care had hypertension[2]

49%
of those Veterans were undiagnosed[2]

30%
of people in prison report high BP; public: 18%[3]

162
NC prison nurse jobs vacant 6+ months, up from 93[4]

Where it fits your facilities

VA clinics. A wheelchair-accessible reading in the waiting room, no appointment.

Vet centers and MWR. Walk-up checks where Veterans and service members go.

Intake and health units. Supervised readings in corrections, after a security review.

Agency worksites. De-identified trends. No individual result reaches the agency.

What it moves for your agency

Accuracy. The only kiosks on the US Validated Device Listing.

Compliance. Facility reporting supports audits and contract deliverables.

Productivity. 3–5 minutes of staff time saved per reading.

Data capture. 60–80% of people surveyed held back from their clinician.[5] Private screen questions offer another way to answer.

The math

20 readings a day gives back 1 to 1.7 staff hours. At NC's 2022 contract LPN rate of $42.66 an hour,[4] that is about **$43 to $73** of staff time a day.

Recommended setup

Ask about EHR and availability

PS-2000D	Clinics and worksites: BP, pulse, weight and BMI
PS-2000CX	Tight spaces: BP and pulse, smaller footprint

In the field: PharmaSmart is registered on SAM.gov, with stations in many government installations. Deployments include the Arkansas Department of Health, with 90 Local Health Units,[6] and the New York City Department of Health.

1. Estelle v. Gamble, 429 U.S. 97 (1976). 2. Brandt CA et al., J Am Heart Assoc, Apr 2026; 1.18M in VA care, 2001–2023; code, meds or 140/90+. 3. BJS NCJ 248491, 2015; self-reported, ever had, 2011–12; public rate standardized. 4. NC DAC prison nurse staffing report, data to 12/31/22. 5. Levy AG et al., JAMA Netw Open 2018;1(7):e185293. 6. J Ark Med Soc, Spring 2026, Vol. 122 No. 4.

Let's talk about a pilot at one facility.

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