**HOME BLOOD PRESSURE READINGS – West Coker Surgery**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First line of address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* You should perform two readings twice a day – 2 in the morning and 2 in the evening, for 5 days.
* The readings should be done while seated and after a period of rest.
* You should avoid exercise or caffeine before the readings.
* You should wait 1 minute between each reading – remain seated. **DATE READINGS STARTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE COMPLETE IN BLACK INK**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **MORNING 1** | | **MORNING 2** | |  | **EVENING 1** | | **EVENING 2** | |
| **DAY** |  | Systolic (Top) | Diastolic (Bottom) | Systolic  (Top) | Diastolic  (Bottom) |  | Systolic  (Top) | Diastolic  (Bottom) | Systolic  (Top) | Diastolic  (Bottom) |
| **ONE** |  |  |  |  |  |  |  |  |  |  |
| **TWO** |  |  |  |  |  |  |  |  |  |  |
| **THREE** |  |  |  |  |  |  |  |  |  |  |
| **FOUR** |  |  |  |  |  |  |  |  |  |  |
| **FIVE** |  |  |  |  |  |  |  |  |  |  |

Please return this form ***and any loaned equipment*** to the surgery as soon as possible.

Thank you.

**Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only:**

**AVERAGE BLOOD PRESSURE**

\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_

Systolic Diastolic

Initials Date

**Full instructions on other side of page**

**For form – please see over …**

**3.** Secure the cuff around your arm and ensure that your arm is supported by the

table and completely relaxed.

**4.** Press the START button, ensure that you are relaxed.

**a.** When measurements are complete, the monitor displays your blood pressure

and pulse rate, and the cuff automatically deflates.

**b.** The top figure (higher number) is called the SYSTOLIC blood pressure and the

lower figure is called the DIASTOLIC blood pressure. Both figures are important

and need to be recorded on the collection sheet.

**5.** Please use the other side of this information sheet to record your blood pressures

for 5 consecutive days – twice in the morning and twice in the evening.

**6.** Please drop off the collection sheet at reception when completed. Ensure you have

completed your personal details and the date when you started taking your

readings.

**Thank you.**

**5 day Home Blood** **Pressure Monitoring** **Patient Instructions**

A picture containing linedrawing, clipart

Description automatically generated

To help ensure a reliable reading, avoid eating, smoking, or exercising for at least 30 minutes before taking a measurement. Remove any tight-fitting clothing from your upper arm.

1. Sit on a chair with your feet flat on the floor and place your arm on a table so that the arm cuff will be at about the same level as your heart.
2. Apply the arm cuff to your upper arm. The air tube should run down the inside of your forearm and in line with your middle finger (as shown in the picture).