

HOME BLOOD PRESSURE MONITORING

Because your blood pressure has been high when you have had it checked in the surgery, it would be helpful to have some home readings.

You need to be sitting and relaxed with no restrictive or tight clothes around your arm. Apply the cuff to your upper arm with the tube facing downwards and a little way above the crease of your elbow.

The machine should be resting on a firm surface and on a level with your heart. Some of our machines have 2 buttons. Dark blue to turn it on and light blue to start the reading whilst others have 1 dark blue button that needs to be pressed once.

Please check your blood pressure twice and record all readings on the sheet below. Check your blood pressure in this way twice a day for 7 days. When you have completed this please can you add up all the top numbers and all the bottom numbers except the ones from the first day and divide each number by 6 then record the numbers in the box at the bottom. Please see overleaf for example.

Your doctor or nurse will contact you about the results.

PLEASE RETURN THE MACHINE IMMEDIATELY AFTER COMPLETING THE READINGS – THANK YOU

Date:					Emis No:	
Name:					D.O.B:	
GP/Nurse:						
Date:		Morning 1	Morning 2	Evening 1	Evening 2	
	Day 1					
	Day 2					
	Day 3					
	Day 4					
	Day 5					
	Day 6					
	Day 7					
Weekly Average						
					Final Average BP	

EXAMPLE:-

Name: Joe Bloggs					D.O.B.: 01/12/1962	
GP/Nurse:						
Date:		Morning 1	Morning 2	Evening 1	Evening 2	
23/09/13	Day 1 Monday	130/80	125/75	145/80	130/80	Discard the first days readings
24/09/13	Day2 Tuesday	130/80	125/80	130/80	140/75	
25/09/13	Day 3 Wednesday	130/80	125/75	145/80	130/80	
26/09/13	Day 4 Thursday	130/80	125/80	130/80	140/75	
27/09/13	Day 5 Friday	130/80	125/75	145/80	130/80	
28/09/13	Day 6 Saturday	130/80	125/80	130/80	140/75	
29/09/13	Day 7 Sunday	130/80	125/75	145/80	130/80	
		130/80	125/78	138/80	135/78	528 / 4 = 132 316 / 4 = 79
					Final Average BP	132/79

LOAN OF BP MACHINE CONTRACT

Name of Patient :

Emis Number :

Date of machine going out :

Machine Number :

PAYMENT OF DEPOSIT

£10.00 Paid : Cash

 Card

Signature of Surgery Staff :

Printed Name of Surgery Staff :

Witnessed by :

This deposit will be refunded on the return of the BP Machine.

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REFUND OF DEPOSIT

Amount Refunded :

Date of Refund :

Refunded by :

Signature of Patient :

Printed Name of Patient :

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This page to be detached and retained at the Surgery