**LYTHAM ROAD SURGERY**

**Home Blood Pressure Monitoring Instructions**

You have been asked to carry out home blood pressure monitoring by your nurse or doctor. Please follow the instructions below and return the readings as soon as completed.

We may ask for 4 or 7 days of reading

To help ensure reliable readings avoid eating, smoking, or exercising for at least 30 minutes before taking a measurement. Remove any tight fitting clothing from your upper arm. Do not take a measurement with a full bladder.

You should measure your blood pressure on both arms. The arm that gives the highest Systolic reading (the top number) should be used for all future readings.

Take your blood pressure twice, 1 minute apart. Do this twice a day, at roughly the same time every day, morning and evening. Then record the second reading in the table on the opposite side of this paper.

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 the same level as your heart



2. Apply the arm cuff to your upper arm, so that the air tube runs down the inside of your forearm and is in line with your middle finger. See diagram above

3. Secure the cuff around your arm to ensure a snug fit. Ensure that your arm is supported by the table and completely relaxed

4. Remain at rest for at least 5 minutes and remain silent during the measurement

5. Press the O/I START button, ensure that you’re are relaxed



6. Enter the date, time and the readings into the table overleaf

\*\*\*\*\*\*7**. Once you have completed your 4 OR 7 days of readings calculate the total of each column and enter this number at the bottom of the table. Then divide by the number of readings to obtain the overall average reading and record. We will not accept forms that have not been averaged as requested\*\*\*\*\*\*\*\*\*\*\*\***

**Once we have received your readings we will only contact you if have an abnormal result. Due to unprecedented demand this could take 4-6 weeks so please do not ring the surgery before this time. Please ensure that we have the correct contact details on record. Thank you for your cooperation in this matter.**

Full Name: DOB:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date** | **Time** | **Top Reading** | **Bottom Reading** | **Pulse** |
| **Day 1 AM** |  |  |  |  |  |
| **Day 1 PM** |  |  |  |  |  |
| **Day 2 AM** |  |  |  |  |  |
| **Day 2 PM** |  |  |  |  |  |
| **Day 3 AM** |  |  |  |  |  |
| **Day 3 PM** |  |  |  |  |  |
| **Day 4 AM** |  |  |  |  |  |
| **Day 4 PM** |  |  |  |  |  |
| **Day 5 AM** |  |  |  |  |  |
| **Day 5 PM** |  |  |  |  |  |
| **Day 6 AM** |  |  |  |  |  |
| **Day 6 PM** |  |  |  |  |  |
| **Day 7 AM** |  |  |  |  |  |
| **Day 7 PM** |  |  |  |  |  |
| **TOTAL**  ***Add up all readings in each column***  ***(Record total in box indicated)*** | | | **Top reading Total** | **Bottom reading Total** | **Do not add up pulse readings** |
| **AVERAGE**  ***Divide each total by the amount of readings taken i.e. divide by 8 if 4 days readings, and divide by 14 if 7 days readings***  ***(record each average in box indicated)*** | | | (Top readings)  **Calculated average** | (Bottom Readings) **Calculated Average** |  |

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| --- |
| **Surgery Use Only** |
| **Normal Result?** YES / NO ***Code and File if normal*** |
| **Patient Contacted** (**only if abnormal**)? YES / NO  **Follow up with HCA** Yes/No ………. If yes- send to HCA Workflow to action |