**HOME BLOOD PRESSURE MONITORING**

**NAME: DATE of BIRTH:**

Please take your blood pressure twice a day, ideally morning and night.

Make sure you have been sat down and relaxed for at least 5 minutes.

Take the first reading and jot it down on scrap of paper. Wait at least another minute, still sat down. Take a second reading and jot down. If the 2nd reading is lower, wait another minute and take a 3rd reading. Continue until two consecutive readings differ by no more than 5; record these two lowest readings on the chart below.

Continue to do this for at least 4 consecutive days, but ideally for a whole week.

**Please email this form back to us**

**admin.swaveseysurgery@nhs.net**

**at least a week before you come for your appointment to discuss these results.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **DAY** | **a.m. - 1st** | **a.m. - 2nd** | **p.m. - 1st** | **p.m. - 2nd** |
|  | **1** |  |  |  |  |
|  | **2** |  |  |  |  |
|  | **3** |  |  |  |  |
|  | **4** |  |  |  |  |
|  | **5** |  |  |  |  |
|  | **6** |  |  |  |  |
|  | **7** |  |  |  |  |

**For surgery use only:**

To obtain the average blood pressure, discard the readings from day 1.

Enter the remaining readings into the chart (ideally there should be at least 14 of each). Add up the total for each parameter. Next divide each total by the number of readings for that parameter. Average BP to be recorded in patient’s notes and completed sheet to be scanned into patient’s record.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SYSTOLIC****READINGS** |  |  |  |  |  |  |  |  |  |  |  |  |
| **SYSTOLIC****READINGS** |  |  |  |  |  |  |  |  |  |  |  |  |
| **SYSTOLIC TOTAL :** |  | **No:** |  | **AVERAGE SYSTOLIC:** |  |
| **DIASTOLIC****READINGS** |  |  |  |  |  |  |  |  |  |  |  |  |
| **DIASTOLIC****READINGS** |  |  |  |  |  |  |  |  |  |  |  |  |
| **DIASTOLIC TOTAL :** |  | **No:** |  | **AVERAGE DIASTOLIC:** |  |

**AVERAGE BP =**