

MORE THAN **ONE IN FOUR ADULTS** HAVE HIGH BLOOD PRESSURE



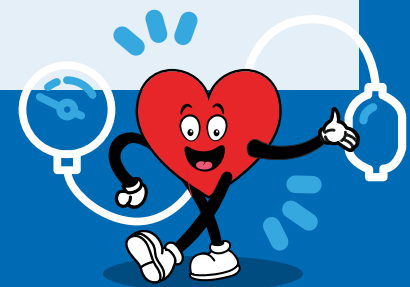
Lancashire and
South Cumbria
Integrated Care Board

PATIENT HOME BLOOD PRESSURE MONITORING DIARY

This table overleaf will assist you in recording your home blood pressure readings for up to seven days. Please read and follow the instructions below:

- Record two blood pressure readings twice daily; in the morning (6am-12pm) and in the evening (6pm-12am). Leave a gap of 2 minutes between each reading
- Avoid measuring blood pressure within 30 minutes of exercise, caffeine, smoking, alcohol, or a large meal as this may increase the readings
- Prior to starting home blood pressure monitoring, patients should measure their blood pressure in both arms to determine which arm should be used for future measurements. The arm that gives the higher systolic reading (the top number) should be used for all future testing.
- Take all blood pressure readings whilst rested and seated for at least 5 minutes, with your feet flat on the floor, back supported, shoulders relaxed, and legs uncrossed.
- Apply the cuff to your upper arm about 2-3 cms above the elbow joint; the cuff should be applied to skin, not over clothing and your sleeve should not be too tight above the cuff.
- The cuff should not be applied too tightly; it should wrap snugly around the upper arm, with just enough space to slide two fingertips underneath. The tubing should run down the middle inner aspect of your arm.
- Ensure your arm is outstretched and supported with your hand relaxed (unclenched). The cuff should be level with your heart
- Try to avoid speaking or moving whilst your blood pressure is being recorded
- Record your readings in the table below and return to your practice as advised
- You may have a blood pressure machine that has the capability to detect an irregular heartbeat; if this indicator on your machine is activated place a tick in the "irreg" column on the appropriate dates/times and ensure that your report this to your practice when returning your readings.

KNOW YOUR NUMBERS AND WHAT THEY MEAN TO YOU !



BLOOD PRESSURE		Example	Day 1	Irreg	Day 2	Irreg	Day 3	Irreg	Day 4	Irreg	Day 5	Irreg	Day 6	Irreg	Day 7	Irreg
MORNING FIRST	Top reading (systolic)	-----			-----		-----		-----		-----		-----		-----	
	Bottom reading (diastolic)	-----			-----		-----		-----		-----		-----		-----	
MORNING SECOND	Top reading (systolic)	-----			-----		-----		-----		-----		-----		-----	
	Bottom reading (diastolic)	-----			-----		-----		-----		-----		-----		-----	
EVENING FIRST	Top reading (systolic)	-----			-----		-----		-----		-----		-----		-----	
	Bottom reading (diastolic)	-----			-----		-----		-----		-----		-----		-----	
EVENING SECOND	Top reading (systolic)	-----			-----		-----		-----		-----		-----		-----	
	Bottom reading (diastolic)	-----			-----		-----		-----		-----		-----		-----	

For healthcare professional use (note: discard day one readings)

Total systolic: _____

Divide by number of readings: _____
i.e 24

Total diastolic: _____

Average systolic: _____

Average diastolic: _____