## KING CROSS PRACTICE - HOME BLOOD PRESSURE RECORDING

## Name:

## Date of Birth:

Blood pressure is the pressure of the blood flowing in the arteries generated by pumping of the heart. The upper value (systolic) and lower value (diastolic) are always measured.

To assist us in providing appropriate treatment to manage your blood pressure, please record your blood pressure at home for 7 days, as per the instructions below. Please ensure you are confident using the blood pressure machine. If not, please contact Nurse Janet or Gayle at the surgery.

## BEFORE YOU START:

- Avoid taking measurements directly after eating, drinking or smoking. Allow at least 1 hour between these activities and measurement of blood pressure.
- Please record 2 readings in the morning, 1 minute apart, and 2 readings in the evening, 1 minute apart. Please continue this for 7 days until the table is filled.
- Record the figure, for example $-120 / 80$
- Please hand this sheet in once the table is filled so that we can calculate your average

Please follow the process below to take your readings;


| DAY |  | $1^{\text {st }}$ Reading | $2^{\text {nd }}$ Reading |
| :--- | :--- | :---: | :---: |
| Example | AM | $120 / 80$ | $135 / 75$ |
|  | PM | $147 / 82$ | $140 / 80$ |
| DAY 1 | AM | $/$ | $/$ |
|  | PM | $/$ | $/$ |
| DAY 2 | AM | $/$ | $/$ |
|  | PM | $/$ | $/$ |
| DAY 3 | AM | $/$ | $/$ |
|  | PM | $/$ | $/$ |
| DAY 4 | AM | $/$ | $/$ |
|  | PM | $/$ | $/$ |
| DAY 5 | AM | $/$ | $/$ |
|  | PM | $/$ | $/$ |
| DAY 6 | AM | $/$ | $/$ |
|  | PM | AM | $/$ |
| DAY 7 | AM | $/$ |  |
|  | PM | $/$ | $/$ |

Totals | BOX 1 | BOX2 | BOX 3 |
| :--- | :--- | :--- |

*Do not use any of the shaded boxes when totalling the columns*
To work out the average:

Add BOX 1 and BOX 3 then divide by $24=$ $\qquad$
Add BOX 2 and BOX 4 then divide by 24=

