

### HOME BLOOD PRESSURE LOG

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Goal Blood Pressure: \_\_\_\_\_

\_\_\_\_\_ Bring with you to your child's next appointment

\_\_\_\_\_ Call results to 907-212-4824 or send in MyChart

Please monitor and record your blood pressure at home as instructed by your child's provider. In the notes section, write down anything that could affect your reading, such as feeling unwell or changes in your medication.

**When to measure:**

- Monitor your blood pressure roughly at the same time.  Once a day **OR**  Twice a day
- Take your readings before you take your blood pressure medication.
- Measure your blood pressure in the same arm.
- Don't exercise or have any drinks/food that contain caffeine (coffee, energy drinks, chocolate, energy bars) 30 minutes before taking a reading.
- You should also avoid measuring your blood pressure when you need to use the bathroom.

**Measuring blood pressure:**

- **DO** sit quietly for 5 minutes before starting measurements (no TV, video game, phone use)
- **DO** sit with your back supported, feet flat on the floor, legs uncrossed, arm should be bare-no restrictive or tight clothing on the arm you are using to measure your blood pressure (just rolling up your sleeve can be too tight and cause a false reading), arm should be supported with your elbow at the level of the heart.
- **DO** write down the numbers in the table below **exactly** as they appear on the monitor screen.
- **DO** take a minimum of two readings with **at least 1minutes** between each. If the first 2 readings are **very** different, take a 3<sup>rd</sup> reading and document reading in the notes section.

Date	AM (6am – 12pm noon)			PM (6pm – 12 am midnight)			Notes
	Time	Readings	Pulse	Time	Readings	Pulse	
12/12/24	8:30	1. 134/82 2. 120/78	74 82	7:00	1. 117/68 2. 120/72	80 78	<i>e.g. Exercised shortly before PM reading</i>
		1. / 2. /			1. / 2. /		
		1. / 2. /			1. / 2. /		
		1. / 2. /			1. / 2. /		
		1. / 2. /			1. / 2. /		
		1. / 2. /			1. / 2. /		
		1. / 2. /			1. / 2. /		

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Goal Blood Pressure: \_\_\_\_\_

Date	AM (6am – 12pm noon)			PM (6pm – 12 am midnight)			Notes
	Time	Readings	Pulse	Time	Readings	Pulse	
		1. /			1. /		
		2. /			2. /		
		1. /			1. /		
		2. /			2. /		
		1. /			1. /		
		2. /			2. /		
		1. /			1. /		
		2. /			2. /		
		1. /			1. /		
		2. /			2. /		
		1. /			1. /		
		2. /			2. /		
		1. /			1. /		
		2. /			2. /		
		1. /			1. /		
		2. /			2. /		
		1. /			1. /		
		2. /			2. /		
		1. /			1. /		
		2. /			2. /		