## **Leith Mount Surgery Home Blood Pressure Diary**



You have been asked to take your blood pressure for 7 consecutive days.

On each day, monitor your blood pressure on two occasions- in the morning (between 6am and 12noon) and again in the evening (between 6pm and midnight). On each occasion take a minimum of two readings, leaving at least a minute between each. If the first two readings are very different, take 2 or 3 further readings. Dont worry about recording your pulse reading

- Follow **the** instructions that came with **your** monitor
- Place **the** arm cuff just above **your** elbow
- Take two or three readings, each about one to two minutes apart.

Sit for 5 mins guietly making sure your legs and ankles are uncrossed and your feet are flat on the floor, the arm you will use for blood pressure is bare and your back and arm are supported.

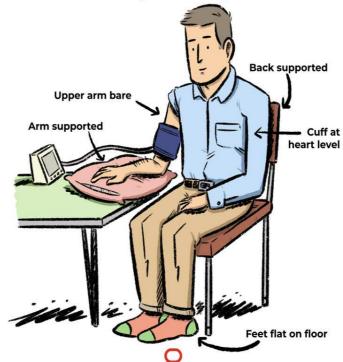
- Make sure you are keeping still and not talking when taking your blood pressure
- Measure your morning blood pressure before taking medication
- Do not exercise, smoke, eat or drink coffee or tea for 30 minutes before taking your Blood pressure.

If you get an 'error 'message try repositioning the cuff. You can go to the How to take home Blood pressure video on our web site [ see under blood pressure]

Write down the time and date of the reading, the top number [systolic] and bottom number [diastolic] in the chart below. Record 4 readings for each day. You can also send back the readings using 'e consult' if you are familiar with this system. Click on "Start a Review" on the eConsult page on our practice website www.leithmountsurgery.co.uk or if you are viewing this document online then click on the link below.

https://leithmountsurgery.webgp.com/react-consult-blood-pressure-review?codeName=LTC HYT#EC





## **Leith Mount Surgery Home Blood Pressure Diary**



| Name Date of birth |      |                          |              |   |  |  |  |
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| Address            |      |                          |              |   |  |  |  |
| Date               | Time | Systolic BP [top number] | Diastolic BP | Notes [e.g. medication changes, feeling unwell, dizzy, stressful events ] |  |  |  |

| Date          | Time    | Systolic BP    | Diastolic BP | Notes [e.g. medication changes, feeling |
|---------------|---------|----------------|--------------|---|
| Date          | Tille   | [top number]   | [bottom      | unwell, dizzy, stressful events ]       |
|               |         | [ [top number] |              | unwen, dizzy, stressful events j        |
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