

Patient Information: 24 Hour Ambulatory Blood Pressure Monitoring

What is 24 Hour Blood Pressure Monitoring?

Ambulatory blood pressure monitoring (ABPM) takes numerous readings of your blood pressure over a 24-hour period time. It provides accurate and reliable information and can give you and your physician a truer picture of your blood pressure than occasional visits and readings taken at your doctor's office. By measuring your blood pressure at regular intervals up to 24 hours, your doctor is able to get a clear idea of how your blood pressure changes throughout the day.

Do I need to do anything different because I'm being tested?

No. Because the test is being carried out to find out what your normal daily blood pressure is, it is important to carry on with your normal routine and do all the things you would normally do. However, you should avoid vigorous exercise. A gentle or brisk walk is fine.

How often will my blood pressure be taken?

Usually, your heart rate and blood pressure will be measured at 15-30 minute periods during the day and every 30-60 minutes at night. Although you may notice the first few times the cuff inflates, you will soon become used to the monitor.

PATIENT INSTRUCTIONS:

To allow the machine to work properly, it is important to make sure that the tube to the machine is not twisted or bent. At the end of the monitoring period, you can remove the cuff and monitor. Bring the unit and diary back to the clinic as instructed.

When a reading is taken the blood pressure cuff will automatically inflate on your arm. All readings are recorded and stored on an electronic chip in the monitor. Before the machine is about to take a reading, it will alert you. When this happens, you should:

- **STOP** moving and sit down with your feet flat on the floor, if possible.
- Keep your arm still and relaxed, while making sure the cuff remains at the same level as your heart. Your arm should be slightly away from your body and supported.
- **Do not** talk or cross your legs during the recording.

DIARY DOCUMENTATION:

- Record time of any unusual symptom/mood and activity in the diary that may cause your blood pressure to be high/low, for example, playing a video game, yelling, pain, or dizziness.
- Record time you go to bed and time you wake up in the diary.
- Document in the diary name of medication dose and time taken.
- Bring the patient diary with you when returning the device.

DON'T:

- *Do not remove the cuff between readings unless you are experiencing pain, redness or numbness in the limb where the cuff is placed. It is expected that you may experience some mild to moderate discomfort during a blood pressure measurement. **If you remove the cuff, please call our office at 907-212-4831 and ask to speak with the nephrology staff.***
- *Do not get the monitor wet.*
- *Do not swim, shower or bath during monitoring use.*
- *Do not operate equipment or power tools. Vibrations may disrupt the device reading.*

TIPS:

- Keep vehicle driving and travel to a minimum.
- Undress carefully at bedtime, using caution not to disconnect the hose from the monitor.
- Placing a pillow over the monitor during sleep may help reduce the sound from the monitor.

24 Hour Ambulatory Blood Pressure Diary

Patient Name: _____ DOB: _____

Scheduled Clinic Appointment: _____ No Appointment Scheduled

Date of ABPM: _____ Clinic staff starting study: _____

ABPM Fitted On: <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Arm Right Arm Circumference: _____	First ABPM BP reading: _____ mmHg
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NEW PATIENTS ONLY		
Supine	Sitting	Manual Sitting
Right Arm: _____	Right Arm: 1: _____	Right Arm: 1: _____
Right Leg: _____	2: _____	2: _____
	Left Arm: _____	

Please fill in the times:

Time Study Started: _____

Time went to bed: _____

Time Study Ended: _____

Time got up: _____

How well did your child sleep while wearing the monitor? Poor/Disturbed As Usual

Please complete the following diary as accurately as possible and return it with your monitor.
Write down any big or unusual events that occur when the monitor took your blood pressure (at a concert, taking a nap, emotional/tense events with someone, scary movie, anxious, exercising, feeling dizzy/ lightheadedness).

Time	Events/Activity/Symptoms				
<i>Examples:</i> 9:00 AM	Walking the dog around the block	12:30 PM	Playing a video game	5:00 PM	Feeling dizzy

Please document current blood pressure medications and time dose is given.

Name of Medication and Dose	DAY 1		DAY 2	
	AM	PM	AM	PM