Clear All Fields

Mālama KIDNEY CENTER

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Name: _____

DOB: _____

# Blood Pressure Log

Every time you take your blood pressure, be sure to:

My Goal: _____

⇒ No talking, texting, or watching on your phone
⇒ Back/feet supported
⇒ Legs are uncrossed
⇒ Bladder is empty
⇒ Cuff on bare arm
⇒ Arm supported at heart level

My Instructions: _____

| Date | Morning | | Afternoon | | Comments: |
|---|---|---|---|---|---|
| | Heart Rate | Blood Pressure | Heart Rate | Blood Pressure | |
| *12/18/2020* | 87 | *172/93* | 95 | *142/72* | *AM reading: Had morning walk.*<br>*PM Reading: Very tired.* |
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| Date | Morning | | Afternoon | | Comments: |
|---|---|---|---|---|---|
| | Heart Rate | Blood Pressure | Heart Rate | Blood Pressure | |
| *12/25/2020* | 71 | *143/83* | 85 | *158/88* | *AM reading: Just woke-up.*<br>*PM Reading: Grandkids visiting.* |
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