

How to measure your Blood Pressure

Blood Pressure readings are made up of two numbers:

- * a top number called *Systolic blood pressure (SYS)*
- * a bottom number called *Diastolic pressure (DIA)*
- * like 120/80

For video tutorial on how to check your Blood Pressure and for more information, see our website:

www.westyorkshireandharrogatehealthyhearts.co.uk/blood-pressure

- Please check your Blood Pressure at home once every week, then follow the traffic light system guide.
- Please submit one 7-day Blood Pressure diary per year to your GP practice.

- Unless your Blood Pressure is high or low, you do NOT need to submit more than one 7-day Blood Pressure diary per year. Please do NOT submit single Blood Pressure readings to your surgery.

(If everyone submitted lots of single Blood Pressure readings, it would overload the GP practice and reduce the number of appointments that a practice could provide).

- If your Blood Pressure is high (Red) or low (Green), please submit your 7-day Blood Pressure readings to the GP surgery and follow the advice on the traffic light system.

The Color Coding Chart

Colour	Blood Pressure	Action
Red	Higher than 180/120	<p>Your Blood Pressure is very high, but don't panic. If you have symptoms of severe headache or blurring of your vision speak to your GP or call 111.</p> <p>Recheck your Blood Pressure three times over 30 minutes. Ensure you are resting. Recheck again later the same day. If still raised across 6 readings, seek advice from your nurse or GP within 48 hours.</p>
Yellow Moderate	150/95 - 180/120	<p>Your Blood Pressure is moderately raised. If you have more than four days raised Blood Pressure in one week, please undertake a detailed 7-day home Blood Pressure diary using the diary form. Please submit the diary to your GP practice.</p> <p>If average Blood Pressure is close to 180/120, please arrange review within 7 days.</p>
Yellow Mild	135/85 - 150/95	<p>Your Blood Pressure is mildly raised. If persistently raised, please undertake a detailed 7-day home Blood Pressure diary. Please submit the diary to your GP practice.</p> <p>If still raised, please review with your practice nurse at the next routine review.</p>
Green	100/60 - 135/85	<p>Your Blood Pressure is normal.</p>
Blue	Under 100/60	<p>Your Blood Pressure may be low. Please undertake a 7-day Blood Pressure diary and submit to GP surgery</p>

Remember: lifestyle changes can significantly reduce blood pressure. These include:

DIET | EXERCISE | WEIGHT LOSS | REDUCING ALCOHOL | STOPPING SMOKING | REDUCING SALT IN YOUR DIET

Lifestyle changes can potentially be as effective as taking one medication for blood pressure. For more information about lifestyle changes, please visit:

www.westyorkshireandharrogatehealthyhearts.co.uk/healthier-lives

One Week Diary for Home Blood Pressure Readings

Name: _____

Date of Birth: / /

- While resting and sitting down, make yourself comfortable for at least 5 minutes.
- Avoid taking Blood Pressure after exercise or stress.
- Place the Blood Pressure cuff on the upper arm; this is usually the left arm but you may have been told to use the right arm due to other health issues. You should use the same arm each time.
- Press the button on your machine and allow the Blood Pressure cuff to inflate and deflate. Ignore this first reading.

- After a minute or so, repeat the Blood Pressure assessment and record this reading.
- The top number is the "systolic" Blood Pressure. The bottom number is the "diastolic" Blood Pressure.
- This is your Blood Pressure, usually discussed as "systolic number over diastolic number". For example, 120/80 = 120 over 80
- When you have finished all 7 days, calculate the average Blood Pressure of all the second readings.

	DATE	TIME OF DAY	FIRST BLOOD PRESSURE READING	SECOND BLOOD PRESSURE READING (eg 140/90)
DAY 1	<input type="text"/>	Morning	Ignore the first Blood Pressure reading	<input type="text"/> / <input type="text"/>
		Evening		<input type="text"/> / <input type="text"/>
DAY 2	<input type="text"/>	Morning		<input type="text"/> / <input type="text"/>
		Evening		<input type="text"/> / <input type="text"/>
DAY 3	<input type="text"/>	Morning		<input type="text"/> / <input type="text"/>
		Evening		<input type="text"/> / <input type="text"/>
DAY 4	<input type="text"/>	Morning		<input type="text"/> / <input type="text"/>
		Evening		<input type="text"/> / <input type="text"/>
DAY 5	<input type="text"/>	Morning		<input type="text"/> / <input type="text"/>
		Evening		<input type="text"/> / <input type="text"/>
DAY 6	<input type="text"/>	Morning		<input type="text"/> / <input type="text"/>
		Evening		<input type="text"/> / <input type="text"/>
DAY 7	<input type="text"/>	Morning		<input type="text"/> / <input type="text"/>
		Evening		<input type="text"/> / <input type="text"/>
DAY 8	<input type="text"/>	Morning		<input type="text"/> / <input type="text"/>
		Evening		<input type="text"/> / <input type="text"/>