

Blood pressure monitoring



The purpose of this test is to record your blood pressure activity for a 24-hour period while you go about your normal daily routine.

A fee will be collected the day the monitor is fitted. There is no Medicare rebate on this fee.

General information:

- **Do not get the monitor wet, and do not drop the monitor.**
- Keep the monitor inside its pouch. (Do not bathe or shower during the 24 hour period or monitor will be irreparably damaged).
- The monitor records throughout the entire 24 hours. Please do not interfere with the appliance.
- The monitor will inflate the cuff every 30 minutes during the period between 7.00am and 10.00pm, and every hour between 10pm and 7.00am.
- Between 7.00am and 10pm, every time the monitor is about to take a reading, you will feel the cuff start to tighten. At this point:
 - Stop doing any activities, including talking, and relax your arm to your side, except when dangerous (eg. driving).
 - If the measurement is unsuccessful the monitor will try again. If your blood pressure is very high, the cuff will be a lot firmer and the time interval between measurements may be less than 20 minutes.
- The cuff will inflate more firmly than the one used at your doctor's office. Please tell the staff if it is too uncomfortable or if you are getting pins and needles.

On the day of the monitoring:

- Please shower prior to your appointment. Wear clothes that are easy to remove from the waist up and that are loose fitting in the upper arm area. Allow approximately 30 minutes for the monitor to be fitted.
- The blood pressure cuff is fitted to your upper arm and secured. This remains in place for the entire 24 hour period. The recorder is attached with a belt around your waist.

After the monitoring:

- The BP monitor will produce a report that will be sent to your Doctor for review. The Doctor will either email you the result or, if there is need for more follow up, will ask you to return for an appointment to discuss further treatment and management.

I have read and understood the above instructions and take responsibility for correct care of the blood pressure monitor while it is in my possession.

Patient name: _____

Patient DOB: _____

Patient signature _____ Date: ____/____/____