

## ATTN: Please use this for the INITIAL SMBP visit

Patien	Patient Name: Date:
<del>!</del>	<ol> <li>Provide background on what SMBP is and why it's important</li> </ol>
	☐ Explain SMBP
	☐ Inform the patient of the positive benefits of SMBP
	☐ Share educational SMBP resources
	☐ Measure and Document Manual BP reading
2.	2. Assist the patient with using a device
	☐ Delete any past BP readings on the loaner device.
	$\square$ Ensure the loaner device or the patient's personal device has the correct cuff size.
	$\ \square \ $ Show the patient how to position the cuff correctly on their upper arm against bare skin
	$\ \square \ \ $ Refer to the manufacturer's user manual for instruction on placement of the tubing.
	$\ \square \ $ Show the patient how to turn on the device and begin measurement.
	$\ \square \ $ When the cuff completes the deflating process and a reading is displayed, explain to the
	patient which numbers represent the systolic and diastolic blood pressure.
ω	3. Help the patient prepare to measure blood pressure
	$\square$ Tell the patient to use the bathroom if needed.
	$\square$ Have the patient rest and sit in a chair for five minutes before starting.
	$\square$ Let the patient know not to talk, use the phone, text, email, or watch TV during the
	measurement. Explain that no one else should talk either.
	$\hfill \square$ Ask the patient to measure their blood pressure prior to taking their medication in the
	morning and evening.
	$\ \square \ \ $ Remind the patient to leave at least 30 minutes after eating before measuring blood
	pressure.
	$\ \square \ $ If the patient smokes, ask them not to smoke within 30 minutes of measuring blood
	pressure.
4.	4. Guide the patient to correct posture for taking blood pressure measurements
	a. Teach the patient proper positioning:
	☐ Seated in a chair with back supported.
	☐ Legs should be uncrossed.

## Patient Training Reference Guide | Self-Measured Blood Pressure



		Feet flat on the ground or supported by a footstool.
		Arm supported (suggest pillows if patient doesn't have a table high
	enc	enough) with the blood pressure cuff on bare upper arm and positioned so that
	the	the cuff is at heart level.
5	Let the patient know	Let the patient know how often to measure
	□ Instruct the	Instruct the patient to take two readings, once in the morning and once in the evening,
	and inform	and inform the patient that the machine will take $3$ readings back to back $1$ minute
	apart*.	
	☐ The patient	The patient should not remove the cuff between the two readings that are 1 minute
	apart.	
6.	Show the patient h	Show the patient how to document blood pressure data
	□ Use the pri	Use the printed log to show the patient how to document their blood pressure readings
	☐ Show the p	Show the patient how to retrieve the readings, including averages if calculated.
7.	Prepare the patient	Prepare the patient for dealing with errors or problems
	□ If an error r	If an error reading occurs on the device, show the patient how to start over.
	☐ Provide the	Provide the patient with instructions on what to do (including a number to call if
	possible) if	possible) if readings show an abnormal blood pressure.
<u>,</u> ∞	Ensure the patient	Ensure the patient understands how to correctly measure blood pressure
	☐ Ask the pat	Ask the patient to "teach back" what he or she has learned and correct any mistakes
	☐ Provide a so	Provide a second demonstration if needed
	☐ Offer printe	Offer printed reminders or tips to help the patient remember what to do at home
9.	Measure and record	Measure and record in-office BP Reading
10.	. Conduct Medication Reconciliation	າ Reconciliation
11	11. Initiate Health Coaching Action Plan	hing Action Plan
12.		Check-off the list and scan in patient chart

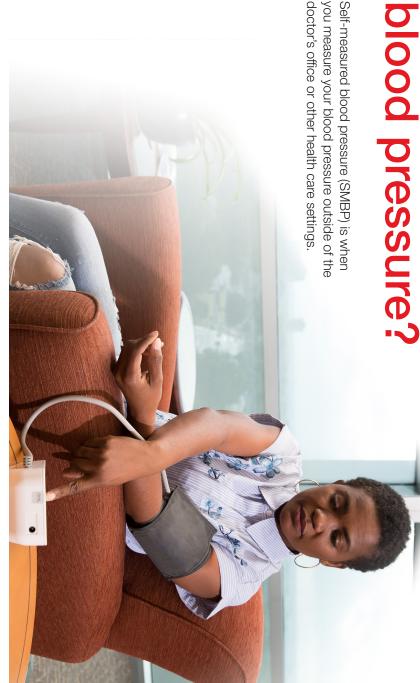








Self-measured blood pressure (SMBP) is when you measure your blood pressure outside of the



#### pressure was already measured at the doctor's office? Why do I need to measure my blood pressure if my blood

your doctor get a more complete picture of your blood pressure SMBP allows you to measure at different times throughout the day and over a longer period of time, helping

## How does SMBP help me with my health?

By using SMBP you and your care team can come up with a treatment plan to better control your blood pressure, which can prevent more serious health problems.

and deadly. can be costly .. of hypertension The consequences





#### pressure reading? What do the numbers mean when I take a blood

much pressure your blood is exerting against your artery walls when the heart beats Systolic blood pressure (SBP or SYS): Top number of your blood pressure measurement, indicates how

Diastolic blood pressure (DBP or DIA): Bottom number of your blood pressure measurement, indicates how much pressure your blood is exerting against your artery walls while the heart is resting between beats

Pulse: Number of times the heart beats per minute

#### What are some important things to know before start measuring my own blood pressure?

Use an SMBP device and blood pressure cuff that are recommended by your doctor or care team.

If you purchase your own device, ask your care team to check it for accuracy.

Understand the correct way to take a blood pressure reading.

Know when and how you will share your blood pressure readings with your doctor.

expected range. Make sure you have instructions from your care team on what to do if your blood pressure is out of the

#### How to measure your blood pressure at home

Follow these steps for an accurate blood pressure reading



Avoid caffeine, cigarettes and other stimulants 30 minutes before you measure your blood pressure.

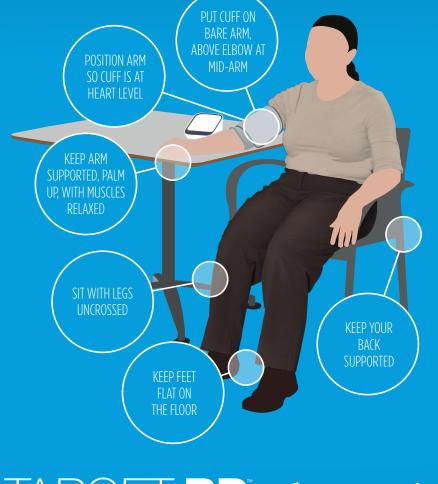
Wait at least 30 minutes after a meal.

If you're on blood pressure medication, measure your BP **before** you take your medication.

Empty your bladder beforehand.

Find a quiet space where you can sit comfortably without distraction.







Rest for five minutes while in position before starting.

Take two or three measurements, one minute apart.

Keep your body relaxed and in position during measurements.

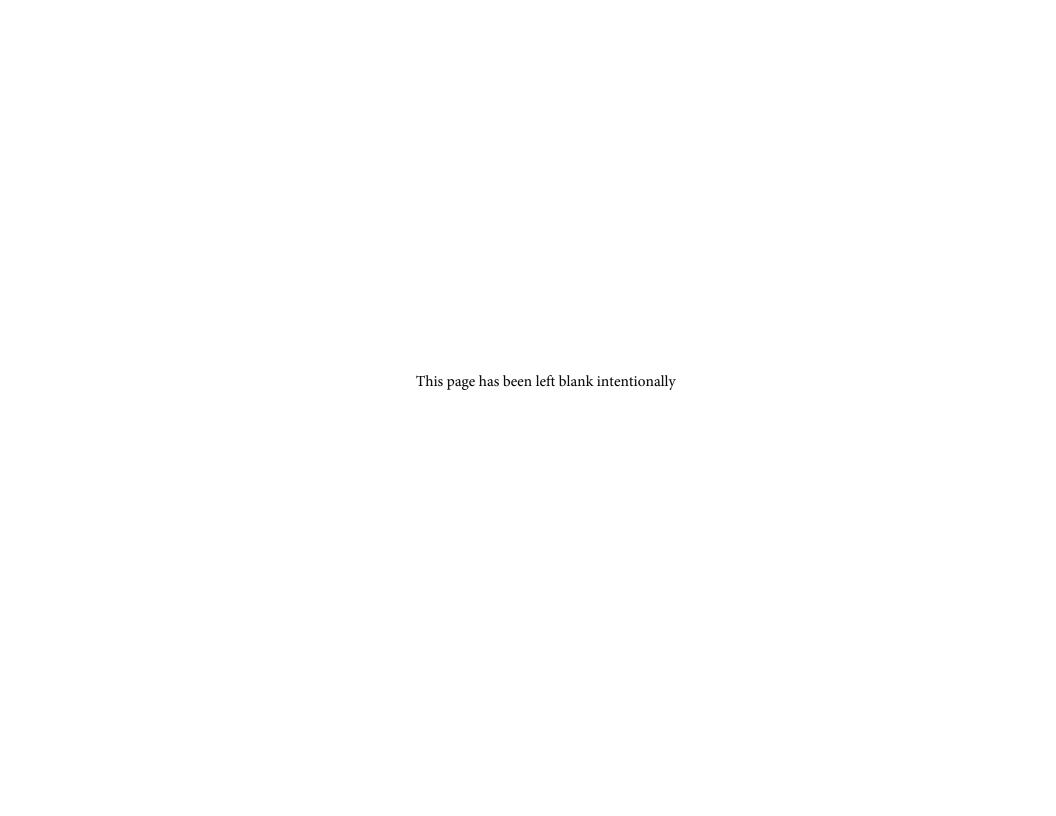
Sit quietly with no distractions during measurements—avoid conversations, TV, phones and other devices.

Record your measurements when finished.









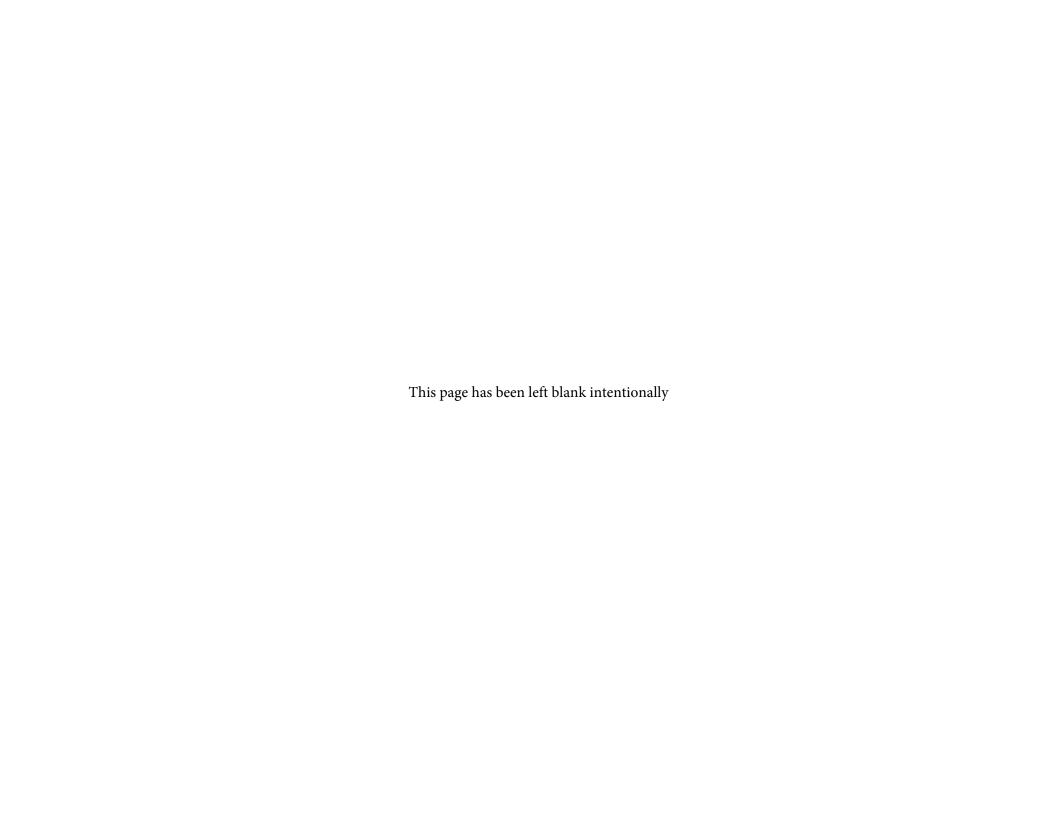
Name

Date

Day 1		Day 2  MORNING AVERAGE		Day 3  MORNING AVERAGE		Day 4  MORNING AVERAGE		Day 5  MORNING AVERAGE		Day 6  MORNING AVERAGE		Day 7  MORNING AVERAGE	
MORNING AVERAGE													
SYS	DIA	SYS	DIA	SYS	DIA	SYS	DIA	SYS	DIA	SYS	DIA	SYS	DIA
PULSE		PULSE		PULSE		PULSE		PULSE		PULSE		PULSE	
NOTES		NOTES		NOTES		NOTES		NOTES		NOTES		NOTES	
EVENING A	VERAGE (	EVENING	AVERAGE (	EVENING A	WERAGE (	EVENING	AVERAGE (						
SYS	DIA	SYS	DIA	SYS	DIA	SYS	DIA	SYS	DIA	SYS	DIA	SYS	DIA
PULSE		PULSE		PULSE		PULSE		PULSE		PULSE		PULSE	
NOTES		NOTES		NOTES		NOTES		NOTES		NOTES		NOTES	

If your blood pressure measurement is: Diagnostic SMBP, measure for PRACTICE ADDRESS 7 consecutive days MORE THAN **BETWEEN LESS THAN** O Confirmed hypertension, SYS DIA SYS DIA SYS DIA DIA SYS measure for 7 consecutive days prior to next office visit PHONE Your blood pressure is high. This is the desired range for your blood pressure. Your blood pressure is low. Recheck in 5 minutes. If it Please continue to monitor your blood pressure as you Recheck in 5 minutes. If it remains in this range, call have been instructed by your care team. remains in this range, call Report Back Results By **EMAIL** your physician immediately. your physician immediately. Phone Patient portal PATIENT PORTAL INSTRUCTIONS: If at any time you feel light headed or have a headache, check your blood pressure and call the office immediately. Bring back device or written log Other **NEXT APPOINTMENT DATE & TIME** 

For office use only:

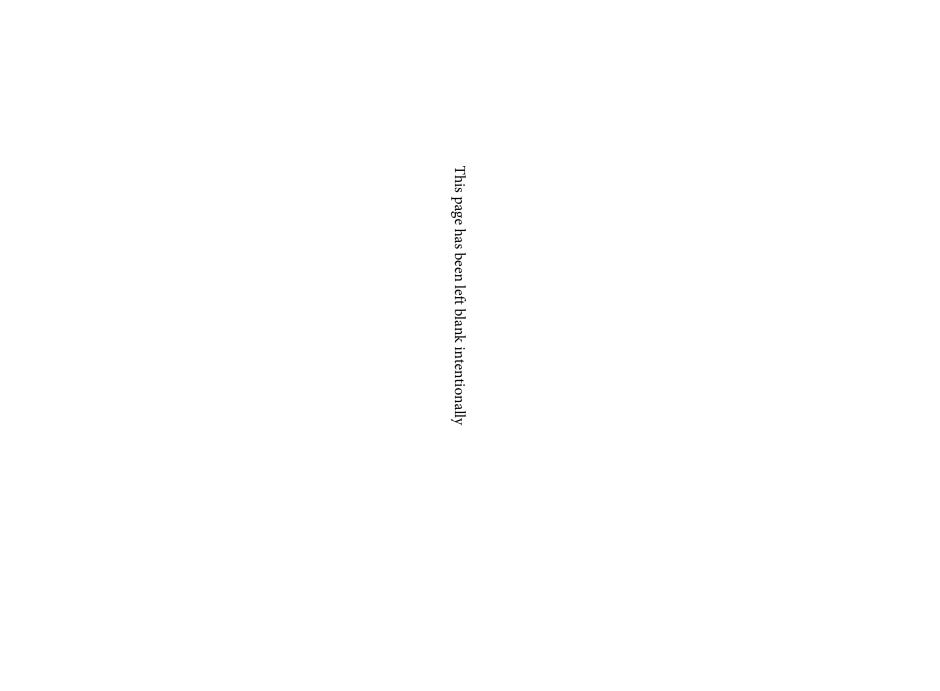




# Self-measured blood pressure monitoring

### Loaner program agreement

FOR OFFICE STAFF	
Lender information	Equipment information
Livingston Community Health	Omron 10 Series
Organization name	Device manufacturer and model
1140 Main Street, Livingston, CA, 95334	
Address	Device ID
209-394-7913	appl
Phone number	☐ Carrying case ☐ Batteries ☐ □ Carrying case ☐ □ Batteries ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	□ Power cord □ Other
Patient information	
Name	MOILLI Day Teal
Patient ID	
Preferred contact information (phone or email)	
<ul> <li>□ I agree to participate in the self-measured blood pressure device loaner program and follow the guidelines given to me.</li> <li>□ I agree to return this device in good working condition on or before its due date.</li> </ul>	oaner program and follow the guidelines given to me. e its due date.
Patient signature	Date





## ATTN: Please use this for the 1-Wk Follow-up SMBP visit

program. Provided by American Medical Association and the American Heart Association through the TargetBP

