



465 Davis Drive
Newmarket, ON L3Y 2P1

Cardiovascular Chronic Disease
Prevention and Management

Ambulatory Blood Pressure Monitoring

Referring Physician Name: *(print first, last)*

Date of testing: ____/____/____

What you need to know

Your doctor has requested that you have your blood pressure monitored for a 24-hour period, known as Ambulatory Blood Pressure Monitoring (ABPM). This machine is designed to take a blood pressure reading every 30 minutes during the day and every hour at night. This test will offer valuable information to your doctor, as your blood pressure will be constantly monitored during the day when you are doing normal activities and at night when you are sleeping. It is very important that during these 24 hours you go about your daily routine. **Please do not remove the cuff** and do not remove the monitor from the pouch. The ambulatory blood pressure monitor and cuff must **not** get wet.

What to do During a Blood Pressure Reading

Between 7:00 a.m. to 11:00 p.m., the monitor will alert you five seconds before each reading. At this time, let your arm hang very still by your side while the cuff inflates and slowly deflates. It takes about 30 seconds for the machine to record each reading. Moving around during this process may result in a faulty reading and the monitor will inflate again in one minute for a second reading. Do not worry if a successful reading is not recorded every attempt. If you are finding that the monitor is recording many errors, you may want to check that the tube is securely attached to the monitor and that there are no kinks. At night, the monitor will continue to take your blood pressure, but there will be no warning beep, and the frequency will change to hourly.

Please complete the Activity Diary on the other side of the page.

Cardiovascular Chronic Disease Prevention and Management Program

905-895-4521, ext. 2.7.2.7





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The Activity Diary

The Activity Diary

Although the Ambulatory Blood Pressure Monitoring (ABPM) will record your blood pressure throughout the day, it does not record what you are doing during each reading. Since your doctor needs to have an idea of what is affecting your blood pressure, it is important that you complete this activity diary.

Record in your diary:

- the time you take your medication, name of drug and dose
- the time you go to bed
- the time you wake up
- any periods of exercise or strenuous activity

Heavy exercise (such as running, cycling, going to the gym, sexual activity) may affect the ability of the machine to record a proper reading. Therefore, please refrain from heavy exercise.

MY ACTIVITY DIARY

Time you went to bed: ____ : ____ pm

Time you woke up: ____ : ____ am

Time	Activity details

