

Collection centre \_\_\_\_\_

Phone number \_\_\_\_\_

For further advice until 10pm, please call 9287 7700.



MELBOURNE  
PATHOLOGY

Quality is in our DNA

# Blood Pressure Monitor

## Patient instructions and diary

You are to be fitted with an Ambulatory Blood Pressure Monitor.

### Before you start:

1. Confirm with your referring doctor what you are expected to record with regard to symptoms and daily activity.
2. During measurements, you must keep your arm relaxed and straight, and your hand still.
3. The procedure is not painful, however you will experience tightness on the arm each time the cuff inflates during the measurement phase. The tightness lasts for only 40 seconds.

### Once underway:

- The event button is used to indicate any symptoms.  
**Mobilograph Model** – Press the EVENT button once then press the START button once to trigger a measurement.  
**NBP - 24 NG Model** – Press the EVENT button once. This button will directly trigger a measurement.
- The time and reason for pushing the EVENT button should be noted in the diary.
- Measurements will be taken every half hour until 10pm then hourly until 6am when half-hourly recordings will begin again. This will happen automatically. There is no need to touch the Day/Night button.
- Please note in the diary, the time you go to bed and the time you get up in the morning.

### After monitoring:

After 24 hours, please return to our collection centre to have the monitor removed and take the diary to your doctor.

### Important information about Blood Pressure Monitors

1. It is important you go about your normal daily activities and not concern yourself with the monitor.
2. The monitor must be kept in the carrying case at all times.
3. Do not drop the unit or get it wet. Do not shower or bathe while you are wearing the monitor.



# General Information

- The machine will take your blood pressure every half hour between 6am and 10pm, and hourly from 10pm until 6am.
- During measurements you must keep your arm down by your side, relaxed, straight and your hand still. If possible, stop walking or doing other large movements when you feel/hear the machine begin to start.
- Errors in measurement may occur occasionally – monitor will make a beeping noise. Please ignore these unless they occur regularly with every inflation.
- If the Blood Pressure Monitor cuff slips down, reposition and tighten it.
- The time should be displayed on the screen when a reading is not being taken. If the screen is not showing the time, press the On/Off button.
- If this information does not solve the problem, return to the collection centre or switch off and return in the morning.
- Assistance is available until 10pm by calling 9287 7700.



**This section to be completed by Melbourne Pathology Patient Services staff member.**

Please complete the following details and return this form with the monitor to the ECG Department after removal.

**Patient details**

Surname \_\_\_\_\_ First name \_\_\_\_\_ Date of birth \_\_\_\_\_

Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_ Referring doctor \_\_\_\_\_

**Monitor details**

Monitor number \_\_\_\_\_ Serial number \_\_\_\_\_

**Fitting details**

Start date \_\_\_\_\_ Start time \_\_\_\_\_ Branch \_\_\_\_\_

Staff name \_\_\_\_\_ Staff ID \_\_\_\_\_

**Removal of monitor**

Staff name \_\_\_\_\_ Staff ID \_\_\_\_\_ Branch \_\_\_\_\_

Monitor number \_\_\_\_\_ Serial number \_\_\_\_\_ Finish date \_\_\_\_\_

Finish time \_\_\_\_\_ **Time into bed** \_\_\_\_\_ **Time out of bed** \_\_\_\_\_

**Problems during monitoring?**

Eg. patient reported problems \_\_\_\_\_

---

**Office use only**

Downloaded by \_\_\_\_\_ Staff ID \_\_\_\_\_

Patient name \_\_\_\_\_

Start date/time \_\_\_\_\_ End date/time \_\_\_\_\_

When the monitor cuff inflates, complete the following information.

Patient journal

What time is it?						
Where are you?						
Home						
Work						
Other (describe)						

What are you doing?

Sitting						
Standing						
Lying down						
Talking						
Relaxing						
Eating						
Walking						
Feeling stressed						
Other (describe)						

What symptoms do you have?

None						
Headache						
Dizziness						
Heart flutters						
Other (describe)						

Comments:








**Patient name** \_\_\_\_\_

**Start date/time** \_\_\_\_\_ **End date/time** \_\_\_\_\_

When the monitor cuff inflates, complete the following information.

<b>Comments:</b>						