Sandra’s Nursing Services L.L.C.

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**BLOOD PRESSURE (BP) RECORD**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date & Time | Systolic/ Diastolic  Top/Bottom#  Right Arm | Systolic/ Diastolic  Top/Bottom#  Left Arm | Pulse  (Heart Rate) | Print Staff’s Name | State Name of PCP or Nurse Notified |
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Check the participants Blood Pressure before giving medication for High Blood Pressure. Follow the nurse or the doctor’s recommendations on monitoring blood pressure.

Call the nurse if:

* If blood pressure is over 140/90 with or without blood pressure medication
* If blood pressure is less than 90/60 with or without blood pressure medication.

Delegating RN’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_