

SELF-MONITORING BLOOD PRESSURE ACTION PLAN

What concerns you most about high blood pressure?

What is most important to you about managing your high blood pressure?

Choose 1-3 goals that you can do over the next two weeks:

- ☐ Monitor my blood pressure
- ☐ Make changes in my diet to manage my blood pressure
- ☐ Be more active
- ☐ Manage stress/Practice self-care
- ☐ Quit smoking
- ☐ Take medications given to me by my doctor
- ☐ Other:

Some things that may stop me from completing my goals are:

If this happens, I will:

My support people are:

How sure are you that you can follow this plan?

- ☐ Very Sure
- ☐ Sure
- ☐ Somewhat sure
- ☐ Not sure at all

MY CARE TEAM

OB / Health Care Provider:

Home Visitor(s):



SELF-MONITORING BLOOD PRESSURE OB PROVIDER VISIT

Bring this sheet to your next visit with your health care provider. Use the guide below to help start the conversation and to write down your provider's answers.

Start the Conversation (example):

"Thank you for seeing me. As you know, I've been diagnosed with high blood pressure. I'm planning to work with my home visiting providers to track my blood pressure at home. Before I start, I wanted to ask you some questions."

ASK YOUR HEALTH CARE PROVIDER AND WRITE DOWN THEIR RESPONSE:

Can you write me a prescription for a blood pressure monitor/cuff?

Should I start taking a daily low-dose aspirin (75-100 mg) between 12 and 28 weeks of my pregnancy to prevent preeclampsia?

When should I report my readings to you and what is the best way to report them?

What is a healthy blood pressure for me?

If my reading is higher than this, when should I call your office?

When should I go to the emergency room?

What symptoms could mean I am having problems with my blood pressure?

What should I do if I'm having them?

Ask your health care provider any other questions you may have about high blood pressure or the medications you take to control your blood pressure.

