



## Exam 7

### 24h ABPM Home Tracking and Alert Form

Participant ID #:

Acrostic:

Technician ID:

Date:

Month

Day

Year

Monitor number:

#### 1. Record date and time at Attachment

Date:  /  /   
Month Day YearTime:  :  ☐ AM  
☐ PM

#### 2. Record date and time at Removal

Date:  /  /   
Month Day YearTime:  :  ☐ AM  
☐ PM

3. Arm circumference:

 .  cm

4. Cuff size:

- ☐ Small adult (17 - 26 cm)  
☐ Adult (24 - 32 cm)  
☐ Large adult (32 - 42 cm)  
☐ Extra large (38 - 50 cm)

#### 5. ABPM reading at attachment (check the arm used for final attachment):

Select one: ☐ Right arm ☐ Left arm*1<sup>st</sup> reading*SBP  DBP  Pulse *2<sup>nd</sup> reading*SBP  DBP  Pulse 

Note: The ABPM monitor will inflate the cuff twice at attachment. Record first and second reading. Use the 2nd reading to determine alert in next section.

#### 6. Alerts and Referrals

##### 6.1. Manual Blood Pressure using ABPM device (awake, seated, 2nd reading)

Blood Pressure Values	Action
1. Systolic blood pressure > 210 mmHg -OR- Diastolic blood pressure > 120 mmHg	Immediate referral to the PI or a health care provider? <input type="radio"/> Yes → Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> No <input type="radio"/> N/A Month Day Year
2. Systolic blood pressure 180-210 mmHg -OR- Diastolic blood pressure of 110-120 mmHg	Was the participant notified? <input type="radio"/> Yes → Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> No <input type="radio"/> N/A Month Day Year

Comment of action taken: \_\_\_\_\_



## Exam 7

### 24h ABPM Home Tracking and Alert Form

6.2. Blood Pressure using ABPM device (average 24h BP)

#### Alerts Reporting:

Date study report received from the SRC: 

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Month Day Year

Was the alert reported to the Participant?

☐ Yes → Date: 

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Month Day Year

☐ No

Comment: \_\_\_\_\_