

Exam 7 SA ABPM Quality Summary Form

Participant ID #:					Acrostic:					
Technician ID:			D	ate:	Month /	ay	/	Ye	ar	

Device ID:	
Scorer:	
ABPM Recording Started	ABPM Recording Ended
Date: Month Day Year	Date: Month Day Year
Time: H H H M M	Time: H H M M
Hours of data collection: hours	
Sleep onset: H H M M M	Wake onset: awake

Data Scored

Successful Readings

	Successful Readings				
	Observed	Expected			
Awake		<u>≥</u> 10			
Asleep		<u>></u> 5			

Did this study pass or fail?

- O Passed
- O Failed

Mean Ambulatory Blood Pressure

	Mean Awake ABPM, mm Hg	Mean Asleep ABPM, mm Hg	Mean 24-Hour ABPM, mm Hg
Systolic BP			
Diastolic BP			



Alerts and Referrals Average 24h Blood Pressure: **BP values** 24 hr average Systolic blood pressure ≥ 180 mmHg O Yes O No 24 hr average Diastolic blood pressure ≥ 110 mmHg O Yes O No Date Site Notified: Day Year Month Date Site Acknowledged: Month Day Year **Comments**

3/16/2022