Exam 7

24h ABPM Home Tracking and Alert Form

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Technician ID: ☐☐☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Monitor number: ☐☐

Did the participant receive the 24-hour blood pressure monitor?

- ○ No →
- ○ Yes

Reason:
- ○ Participant refusal
- ○ Unable to ambulate
- ○ Physician instruction to not participate
- ○ Monitor not available
- ○ Other: _____

END

1. Record date and time at Attachment

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Time: ☐☐ : ☐☐ ○ AM ○ PM

2. Record date and time at Removal

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Time: ☐☐ : ☐☐ ○ 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

1st reading

☐☐☐ **SBP** ☐☐☐ **DBP** ☐☐☐ **Pulse**

2nd 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.

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Technician ID: ☐☐☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

Monitor number: ☐☐

Did the participant return the 24-hour blood pressure monitor?

- ○ No →
  - Reason:
    - ○ Lost by participant
    - ○ Lost by postal service
    - ○ Other: _____
- ○ Yes →

Date received: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

Data downloaded?

- ○ No →
  - Reason:
    - ○ Download error
    - ○ Monitor damaged
    - ○ Staff error
    - ○ Other: _____
- ○ Yes

Date data downloaded: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

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? ○ Yes → Date: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year) ○ No ○ N/A
2. Systolic blood pressure 180-210 mmHg -OR- Diastolic blood pressure of 110-120 mmHg	Was the participant notified? ○ Yes → Date: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year) ○ No ○ N/A

Comment of action taken: _____

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

Alerts Reporting:

Date study report received from the SRC: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Was the alert reported to the Participant?

○ Yes → Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

○ No

Comment: _____