



My High Blood Pressure Action Plan

Today's measurements at my visit:

Blood pressure _____ Weight _____

My goals are:

Blood pressure less than _____ Weight _____

How am I doing? Which category applies to me today?

Green means Go – I am meeting my goals for blood pressure and weight.

Keep up the good work!

- Check your blood pressure as often as your health care provider recommends and make sure to see the doctor at least once a year.
- Continue to eat a healthy diet and stay physically active more than 3 times per week.
- If you are on blood pressure medication, continue to take it exactly as ordered.

Yellow means Caution. More changes are needed.

Making the changes needed to reduce your blood pressure and weight are not easy! Talk with your health care provider about what you can do to reach your goals.

- Learn more about how to make the lifestyle changes you need to get your blood pressure in control such as: your diet, activity level, and stopping or reducing tobacco and alcohol use.
- Tell your doctor if you are not able to get your blood pressure medicines and/or take them exactly as prescribed every day.
- Check your blood pressure as often as your health care provider recommends.
- Try to see your health care provider at least every 1-2 months to check your progress.

Red means I need to Stop and get help. I should call and talk with my health care provider immediately.

- High blood pressure can be dangerous and can cause heart attack, stroke or kidney problems. If you are in the red zone, call your provider today. Your provider may want to see you and/or adjust or change your medication or discuss other things that may help.

Continued

Green

- My blood pressure is at or below my goal
- My weight is at my goal
- If I am on blood pressure medication, I am able to get my medicines and take them exactly as prescribed every day

Yellow

- I am working on my goals and am improving, but I'm not at goal yet.
- I might need to make more changes to my lifestyle or to my blood pressure medicine.

Red

- My blood pressure is not getting any better or it is getting worse.
- My blood pressure is higher than _____
- I can't get my blood pressure medicines and/or am not taking them exactly as prescribed.

My High Blood Pressure Action Plan for Every Day

My health care provider and I have developed this Action Plan to help me meet my blood pressure goals and live a healthier lifestyle.

My goals are: Blood pressure less than _____
Weight _____

I will use the green/yellow/red chart at home.

The chart will help me see how I am doing, decide whether I need to make more changes and decide when I need to call my provider.

Check my blood pressure at home. My provider

has asked me to take my blood pressure at home. I have a card or form to write my blood pressures on and I will bring these readings to my appointments. I will not smoke, use caffeine or exercise for 30 minutes before and I will sit and rest for 5 minutes before taking it. During the blood pressure reading, I will sit in a chair with my feet flat on the floor, legs uncrossed, and arm supported at heart level, and I will not talk. My instructions are to take my blood pressure:

How often: _____

Time of day: _____

Which arm: _____

I will come in to the clinic and have my blood pressure checked by the staff.

How often: _____

When: _____

At this time, I do not take medicine for my blood pressure. I will try to control my blood pressure with lifestyle changes.

I will take my blood pressure medicine every day. It is important to take my blood pressure medicines exactly as prescribed so my blood pressure stays in control. I will let my health care provider know if I am not able to get my medicine or am not taking it as prescribed. These are the names of my blood pressure medications:

I will work on these lifestyle changes:

Lose weight. My goal is to lose: _____

Eat a healthy diet. Changes I should make:

___ Cut back on salt (sodium) in my diet.

Amount per day: _____

___ Cut back on saturated fats and cholesterol in my diet.

___ Follow the DASH diet.

___ Increase fiber in my diet. Grams of fiber per day: _____

___ Cut back or stop using alcohol.

Drinks per day: _____

Stop using tobacco products.

Cut down my tobacco use to: _____

Increase activity. I will try these activities/exercises: _____

Other: _____

How sure am I that I can do this?

(1 is not sure, 10 is very sure)

1 2 3 4 5 6 7 8 9 10

I will learn more about high blood pressure.

My doctor has given me the *Understanding Hypertension* education packet. I will read these materials and use what I learn to help control my blood pressure. The packet contains the basic information I need to plan my goals and make lifestyle changes.

I will let my provider know if I have any questions or problems with making my lifestyle changes or taking my medications. Making changes can be hard and I can get help in other ways, such as meeting with a dietician, finding ways to pay for medications I cannot afford, using quit smoking programs and attending community programs or classes. The health care team can help me find the help I need to make changes