



Daily Blood Pressure Readings

Patient name: _____

Blood pressure goal: _____

Instructions:

Call if your blood pressure is greater than _____ more than 3 times.

Call right away if your blood pressure is greater than _____ .

Please bring this chart to your doctor's appointments.

During the week, call the clinic nurse at 206-987-2524
After 4:30 or on weekends, call the Nephrology Fellow
on call at 206-987-2000 or toll-free 866-987-2000.
Fax: 206-987-2636
To email completed chart:
nephrology.rn@seattlechildrens.org

Date	Time	Reading Systolic/ Diastolic	Pulse	Time	Reading Systolic/ Diastolic	Pulse

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