

Hypertension Action Plan

About 1 in 3 adults in the United States have hypertension, or high blood pressure. With proper drug therapy and lifestyle changes, you can effectively manage your hypertension.

Directions: Read through the entire tool before meeting with your doctor. Fill in as much information as you can. Then show it to your doctor and fill in the rest of the medical information together. Although it is **not** required, you and your doctor may choose to sign the tool to show that you both agree with the plan.

Medication Management

List all of the medications you currently take. Your doctor can review this list and help you determine if any medication changes are needed.

Name	How much to take	When to take it	Reason for taking it

Blood Pressure Monitoring

It is important to consistently check your blood pressure. The reading consists of 2 numbers—systolic pressure (the top number) and diastolic pressure (the bottom number). Systolic pressure refers to the pressure created when your heart beats while pumping blood. Diastolic pressure refers to the pressure created while your heart is at rest or in between beats.

My blood pressure reading GOAL: _____ Systolic/ _____ Diastolic **Date:** _____

Date/Time	Reading		Comments
	Blood Pressure	Heart Rate (Pulse)	
	/		
	/		
	/		
	/		
	/		

Contact physician if either number exceeds:
 _____ Systolic/ _____ Diastolic

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Salt/Sodium Control

Salt contains sodium. It is important to read food labels and learn which foods are high in salt or sodium, because these can raise your blood pressure. Eat only small amounts of foods that are high in salt or sodium. Consult with your doctor to learn how much sodium you should consume per day.

Below are 3 foods high in salt/sodium that I can cut back on right now.

1. _____ 2. _____ 3. _____

Weight Reduction Planning

Small changes in your diet can make a big difference. When you eat less fat, you are likely to eat fewer calories. Losing 5 pounds can help lower your blood pressure.

Current Weight: _____

My Weight	In 3 Months	In 6 Months	In 1 Year
Date			
Weight			

Below are 4 things that I can begin to do right now to reduce my weight.

1. _____ 2. _____ 3. _____ 4. _____

Exercise/Activity Planning

Exercising most days of the week for at least 30 minutes daily can help lower your blood pressure. If you prefer, you can break up a day's exercise into three 10-minute segments.

Below are 3 things that I can begin to do right now to increase my level of activity.

1. _____ 2. _____ 3. _____

Smoking Status

The message to stop smoking is not a new one. However, quitting smoking may be the single most beneficial thing you can do to lower your blood pressure, as well as to reduce your risk of heart disease and stroke.

I currently smoke _____ packs or _____ cigarettes per day

GOAL: Reduce to _____ packs or _____ cigarettes per day

GOAL: Quit by _____ (date)

My physician and I have discussed some steps that I can take today and in the future to lower my blood pressure. I understand why it is important to control my blood pressure, and I choose to take the steps necessary to control it.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____

