Blood Pressure Pregnancy Chart

PATIENT INFORMATION

Full Name: _____ **Date of Birth:** _____ dd / mm / yyyy

Gender: _____ **Patient ID:** _____

Contact Number: _____ **Email Address:** _____

Gestation period: _____ **Midwife / Prenatal Care Contact:** _____

Recommended patient parameters blood pressure category | systolic mm Hg | and/or | diastolic mm Hg NORMAL | less than 120 | and | less than 80 ELEVATED | 120-129 | and | less than 80 HYPERTENSION STAGE 1 | 130-139 | or | 80-89 HYPERTENSION STAGE 2 | 140 or higher | or | 90 or higher HYPERTENSIVE CRISIS | higher than 180 | and/or | higher than 120

Symptoms of hypotension: dizziness, blurred vision, rapid breathing, fatigue, cold, clammy skin

Symptoms of hypertension: flushed skin, swelling of hands and feet, headaches, shortness of breath, nausea, vomiting

PATIENTS RECORDS:

Date/Time: _____ dd / mm / yyyy **Systolic:** _____

Diastolic: _____ **Interpretation:** _____

Intervention:

Intervention Options

- [ ] Low dose aspirin
- [ ] Daily pressure reading
- [ ] BP medication

Physician's Notes and Recommendations

Physician's Signature

Date: _____ dd / mm / yyyy