Lying Down Blood Pressure Chart

LYING DOWN BLOOD PRESSURE CHART

Use the reference values below as a guide only. Always check the figures against current product information and your own practice protocols.

LYING DOWN BLOOD PRESSURE REFERENCE VALUES

Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
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Time: ______ Reading: ______
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Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Time: ______ Reading: ______
Range / notes: ______ Source and date checked: ______
Approved by: ______ Date approved: ______ dd / mm / yyyy

RECORDING

Date: ______ dd / mm / yyyy Time: ______
Time: ______ Reading: ______
Recorded by: ______ Date: ______ dd / mm / yyyy

Time: ______

Reading: ______

Date: ______ dd / mm / yyyy

Time: ______

Recorded by: ______

Time: ______

Reading: ______

Date: ______ dd / mm / yyyy

Time: ______

Recorded by: ______

Time: ______

Reading: ______

Date: ______ dd / mm / yyyy

Time: ______

Recorded by: ______

Time: ______

Reading: ______

Date: ______ dd / mm / yyyy

Time: ______

Recorded by: ______

Time: ______

Reading: ______

Date: ______ dd / mm / yyyy

Time: ______

Recorded by: ______

Time: ______

Reading: ______

Date: ______ dd / mm / yyyy

Time: ______

Time: ______

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Reading: ______

Date: ______ dd / mm / yyyy

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Reading: ______

Date: ______ dd / mm / yyyy

Time: ______

Recorded by: ______

Time: ______

Reading: ______

Date: ______ dd / mm / yyyy

Time: ______

Recorded by: ______

Time: ______

Reading: ______

Date: ______ dd / mm / yyyy

Time: ______

Recorded by: ______

Time: ______

Reading: ______

Recorded by: ______

Notes