

High Blood Pressure — *Personal Action Plan*

Date: _____

The most important person managing your blood pressure (BP) is **you**. Your healthcare team will help you fill out this first page during your visit. Other members of your team may help you develop your action plan on the following pages.

Current blood pressure _____ / _____

The table below shows what your BP numbers mean.

BP category	Systolic	/	Diastolic
Normal	less than 120	and	less than 80
Elevated	120 to 129	and	less than 80
Stage 1 High	130 to 139	or	80 to 89
Stage 2 High	140 or higher	or	90 or higher

Yearly lab tests

- Comprehensive/Basic Metabolic Panel (CMP/BMP) _____ (date)
- Urine Albumin/Creatinine ratio (ACR) _____ (date)

My personal BP management goal

My healthcare team’s treatment goals for managing my BP

My personal action plan

Focus on just 1 or 2 of the following each week:

- Taking **medications** daily (see page 2)
- Monitoring my **blood pressure** (see page 2)
- Following a healthy **eating plan** (see page 3)
- Monitoring my **weight** (see page 4)
- Being more **active** (see page 4)
- Managing **stress** or quitting **smoking** (see page 4)

My next appointment: _____

Bring this Action Plan to your appointment.

Local resources

Care manager or health educator: _____

Local clinic phone and website: _____

Other consultants or providers: _____

Patient education resources

Write the date you received each checked resource:

- BP Basics*** _____ (date)
- BP Tracker*** _____ (date)
- High Blood Pressure and the DASH Diet*** _____ (date)

Online resources

- Sign up for MyHealth
- IntermountainHealthcare.org/bp
- Hypertension and Your Heart, from AHA Heart.org/HEARTORG/Conditions/High-Blood-Pressure_UCM_002020_SubHomePage.jsp#
- Blood Pressure from Utah Department of Health choosehealth.utah.gov/your-health/blood-pressure.php
- HeartWise Blood Pressure Tracker app for smart phones
- Blood Pressure Companion app for smart phones

Take my MEDICATIONS — See page 9 of *BP Basics*

Check the types of medications you take. Circle or write in the name that's on your pill bottle.

ACE inhibitor — Helps open blood vessels, making it easier for your heart to pump and to lower blood pressure.

- lisinopril (Prinivil, Zestril)
- benazepril (Lotensin)
- enalapril (Vasotec)
- quinapril (Accupril)
- ramipril (Altace)

I take: _____

I will remember to take this medication by: _____

I will watch for these side effects:

Cough, dizziness, headache, drowsiness, weakness

ARB — Helps open blood vessels, making it easier for your heart to pump and to lower blood pressure.

- losartan (Cozaar)
- candesartan (Atacand)
- irbesartan (Avapro)
- valsartan (Diovan)

I take: _____

I will remember to take this medication by: _____

I will watch for these side effects:

Cough, dizziness, headache, drowsiness, weakness

Calcium channel blocker (CCB) — Helps block calcium from entering heart, makes blood vessel cells relax, and widens blood vessels, which lowers blood pressure.

- amlodipine (Norvasc)
- diltiazem (Cardizem, Cartia, Dilacor, etc.)
- verapamil (Calan, Isoptin)

I take: _____

I will remember to take this medication by: _____

I will watch for these side effects:

Headache, flushed skin, ankle swelling

Diuretic — Helps kidneys get rid of extra fluid and sodium through your urine.

These are often combined with an ACE or ARB in one pill.

- hydrochlorothiazide (HCTZ)
- lisinopril/HCTZ combination
- losartan/HCTZ combination
- chlorthalidone (Thalitone)
- furosemide (Lasix)

I take: _____

I will remember to take this medication by: _____

I will watch for these side effects:

Dizziness, lightheadedness, headache or blurred vision

Beta blocker — Helps make your heart muscle function better and lowers your blood pressure.

- carvedilol (Coreg)
- metoprolol succinate ER (Toprol XL)

I take: _____

I will remember to take this medication by: _____

I will watch for these side effects: _____

Statins — Helps manage cholesterol.

- atorvastatin (Lipitor)
- rosuvastatin (Crestor)
- lovastatin (Altoprev, Mevacor)
- pravastatin (Pravachol)
- simvastatin (Zocor)

I take: _____

I will remember to take this medication by: _____

I will watch for these side effects: _____

Monitor my BLOOD PRESSURE — See pages 20–21 of *BP Basics*

To keep track of my blood pressure I will:

(pick 1 or 2 for each week)

Week 1 Week 2 Week 3 Week 4

Measure my blood pressure daily

Record my blood pressure in a tracker

Follow a healthy EATING PLAN — See pages 14–15 of *BP Basics*

To reduce my sodium (salt) intake, I will:

(pick 1 or 2 for each week)

Week 1 Week 2 Week 3 Week 4

Limit my sodium intake to _____ per day

Take the salt shaker off the kitchen table

Read food labels to see which foods are high in sodium

Rinse canned foods before cooking and eating them

Remove one high-salt item from my diet this week

At restaurants, choose items listed as "healthy choice"

At restaurants, ask for food with no added salt

To eat more fruits and vegetables, I will: (pick 1 or 2 for each week)

Week 1 Week 2 Week 3 Week 4

Fill half my plate with vegetables and fruits

Snack on vegetables and fruits, not chips and candy

Buy pre-washed, pre-cut vegetables for quicker meals and snacks

Eat more dark green and leafy vegetables, such as spinach, kale, and broccoli

Eat more bright yellow, orange, and other colorful vegetables, such as sweet potatoes, carrots, squash, sweet red peppers, dried apricots

Choose whole fruits more often than juices

To eat more whole grains, I will: (pick 1 or 2 for each week)

Week 1 Week 2 Week 3 Week 4

Switch to whole-grain bread, rice, or tortillas

For breakfast, eat oatmeal or cold cereals with a whole grain listed first

Make sure at least half my grains are whole grains

To choose heart-healthy proteins, I will: (pick 1 or 2 for each week)

Week 1 Week 2 Week 3 Week 4

Eat fish or shellfish 2 or 3 times a week

When eating chicken or turkey, choose skinless white meat

When eating red meat, choose lean cuts, and servings smaller than a deck of cards

To choose healthy fats and low-fat dairy, I will:

(pick 1 or 2 for each week)

Week 1 Week 2 Week 3 Week 4

Avoid products with trans fats

Buy low fat milk, cheese, and yogurt

Choose olive, canola, or peanut oil

*Possible problems for meeting my goal: _____

*Things that will help me meet my goal: _____

Monitor my WEIGHT — See pages 12–13 of *BP Basics*

To keep track of my weight I will: (pick 1 or 2 for each week) Week 1 Week 2 Week 3 Week 4

Track my current weight				
Track my target weight				
Weigh myself every day				
Keep track of my weight in a journal				

*Possible problems for meeting my goal: _____

*Things that will help me meet my goal: _____

Increase my ACTIVITY — See pages 10–11 of *BP Basics*

To increase my physical activity, I will: (pick 1 or 2 for each week) Week 1 Week 2 Week 3 Week 4

Walk _____ minutes _____ times in my neighborhood or at a mall				
Go to an exercise class at a gym or senior center				
Do light housekeeping or yard work				
Have a physical therapy evaluation if needed				
Take a brisk walk				
Do strength training exercises — with light weights or without weights				
Swim or do water exercise _____ minutes _____ days a week				
Other:				

*Possible problems for meeting my goal: _____

*Things that will help me meet my goal: _____

Manage STRESS or quit SMOKING — See pages 16–17 of *BP Basics*

To reduce stress, I will: (pick 1 or 2 for each week) Week 1 Week 2 Week 3 Week 4

Change my expectations				
Learn to say no				
Practice gratitude and joy				

To quit smoking, I will: (pick 1 or 2 for each week)

Identify a support program or team				
Talk with my doctor about medications that will help me succeed				
Set a quit date				

*Possible problems for meeting my goal: _____

*Things that will help me meet my goal: _____

Watch for SYMPTOMS

I will call my healthcare provider when: Week 1 Week 2 Week 3 Week 4

My blood pressure is above 180/110 AND I have chest pain, shortness of breath, or a severe headache				
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