Orthostatic Blood Pressure Log

Record blood pressure and pulse before and after you stand, the way your clinician asked.



WHY IT HELPS

Some people feel dizzy, lightheaded or have a racing heart when they stand up. Readings taken before and after standing, at the times your clinician sets, show what changes when you move. Several days of readings, with notes on how you felt, give your care team more to go on than one check in the clinic.

FOUR SMALL STEPS

Set up	Copy the positions and minutes your clinician gave you onto My test plan.
Rest	Lie down or sit for the time on your plan, then take the first reading.
Stand	Stand up and take a reading at each time on your plan. Note how you feel.
Share	Bring the log to your next appointment.

WHAT IS INSIDE

Example
A filled test page to show you how.

My test plan
Positions and minutes from your clinician.

Test pages
Two tests on each page.

Looking back
Your tests side by side.

Stay safe while you stand. Stand next to a chair or wall, and have someone with you if you can. If you feel faint, sit or lie down right away.

CareClinic

EXAMPLE ORTHOSTATIC BLOOD PRESSURE LOG · TWO TESTS

1 Test

DATE: Tuesday, June 9 | TIME: 7:40 am | ARM: Left / Right

LAST ATE: Nothing yet | DRINKS SO FAR TODAY: 1 glass of water | MEDICINES BEFORE THE TEST: None before the test

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie	10	114 / 74	66	Fine
Stand	1	110 / 78	92	Lightheaded
Stand	3	112 / 80	99	Racing heart
Stand	5	108 / 80	102	Racing heart, legs heavy
Stand	10	106 / 82	104	Wanted to sit down

I FELT: Dizzy, Lightheaded, Racing heart, Blurry vision, Shaky, Tired

Notes: Warm morning. Sat down right after the last reading.

2 Test

DATE: Tuesday, June 9 | TIME: 6:15 pm | ARM: Left / Right

LAST ATE: Snack at 4 pm | DRINKS SO FAR TODAY: 6 glasses so far | MEDICINES BEFORE THE TEST: None since the morning

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie	10	116 / 76	70	Fine
Stand	1	114 / 80	88	Fine
Stand	3	116 / 80	92	A little dizzy
Stand	5	114 / 82	94	
Stand	10	112 / 82	95	Okay

I FELT: Dizzy, Lightheaded, Racing heart, Blurry vision, Shaky, Tired

Notes: Drank more water today. Felt better than this morning.

My test plan

Fill this in with your clinician, so every test is done the same way.

MADE ON

1 Before the test

From my clinician

REST POSITION

Lie down | Sit

REST FOR, MINUTES

MONITOR I USE

BEFORE EACH TEST, MY CLINICIAN ASKED ME TO

2 Readings to take

Position and minute for each reading

READING	POSITION	AT MINUTE	NOTES
1	Lie / Sit / Stand		
2	Lie / Sit / Stand		
3	Lie / Sit / Stand		
4	Lie / Sit / Stand		
5	Lie / Sit / Stand		

3 How often

TESTS EACH DAY

FOR HOW MANY DAYS

START ON

TIMES OF DAY

BRING THE LOG BACK ON

STOP THE TEST AND SIT OR LIE DOWN IF

As agreed with my clinician.

QUESTIONS ABOUT THE TEST

Who to contact.

NAME

PHONE

1 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

2 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

1 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

2 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

1 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

2 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

1 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

2 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

1 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

2 Test

DATE _____ TIME _____ ARM Left Right

LAST ATE _____ DRINKS SO FAR TODAY _____ MEDICINES BEFORE THE TEST _____

POSITION	MINUTE	BLOOD PRESSURE	PULSE	HOW I FEEL
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		
Lie Sit Stand		___ / ___		

I FELT Dizzy Lightheaded Racing heart Blurry vision Shaky Tired

Notes _____

Looking back

After a few days, copy the key readings here so they are easy to compare.

1 My tests side by side

		FIRST READING		LAST STANDING READING		
DATE	TIME	BLOOD PRESSURE	PULSE	BLOOD PRESSURE	PULSE	HOW I FELT

2 What seemed to make it better or worse

Tick all that apply

- Heat or a hot shower
- After a meal
- Not enough to drink
- Poor sleep
- My period
- Standing still

Other _____

FOR MY NEXT APPOINTMENT

Questions or changes to raise with my doctor, nurse or care team.