Free download

Blood Pressure Action Pack

Five printable resources for you and your family. Print them, or save them on your phone, and take them to your next appointment.

What is inside

1 **Red-Flag and Pregnancy Blood Pressure Card** pages 3–4
When to call 999, NHS 111, your GP surgery or your maternity unit. With the pregnancy blood pressure numbers.

2 **Seven-Day Home Blood Pressure Diary** pages 5–6
Two readings every morning and every evening. It reminds you that Day 1 is left out.

3 **How to Measure Your Blood Pressure Properly** pages 7–8
A step-by-step checklist, with a picture of how to sit.

4 **GP Question Checklist** pages 9–10
The questions to ask your GP about "-pril", "-sartan" and "-dipine" tablets.

5 **Sick-Day Rules Card: My Personal Plan** pages 11–12
For your own doctor or pharmacist to fill in with you.

Read part 1, the Red-Flag and Pregnancy Card, first.

How to print and use this pack

- Print double-sided (both sides of the paper). Each part is one A4 sheet: a front and a back.
- You can print just the parts you need. Each part is also a separate download at theeducatinggp.com/bp.
- Or save the PDF on your phone and show it at your appointment.
- Each part lists the guidance it draws on.
- Parts 4 and 5 have space for your own questions and for your doctor or pharmacist to write in.

Scan to get this pack

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Author: Dr Kennedy Umege, UK GP. MSc Diabetes (Distinction) · PgDip Diabetes · PITstop Diabetes Certification in Insulin management, DCH, DRCOG, MSc Urgent Care (Distinction) · Diploma in Urgent Medical Care, Certificate in Alcohol Misuse and Drug Abuse Management, MBBS · MRCGP · DFM.
Version 1.0, 10 November 2026. Sources checked: 10 November 2026.

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My important numbers

Emergency: 999

Not sure where to go: NHS 111

My GP surgery: _____

My pharmacy: _____

My maternity unit (if pregnant): _____

My medicines: _____

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Blood Pressure Action Pack · Part 1 of 5

Red-Flag and Pregnancy Blood Pressure Card

Keep this card where you check your blood pressure.

EMERGENCY, WHATEVER THE READING

Call 999 for:

- sudden chest pain or tightness that doesn't go away
- severe difficulty breathing
- stroke signs: face drooping, arm weakness, slurred speech
- sudden blurred vision or loss of sight
- sudden severe headache or new confusion

VERY HIGH READING, FEELING WELL

Top number 180 or more, OR bottom number 120 or more:

- rest a few minutes, then check again
- still that high: contact your GP surgery as soon as possible
- worried, or can't reach your surgery: NHS 111

PREGNANT OR GAVE BIRTH IN THE LAST FEW WEEKS

- top number 160 or more, OR bottom number 110 or more: urgent help the same day, even if you feel well
- severe headache, blurred vision or flashing lights, pain below the ribs, or sudden swelling: urgent help
- pregnant: call your maternity unit straight away
- gave birth, or can't reach your maternity unit: call 111

ALSO IN PREGNANCY, AND MEDICINES

- over 20 weeks, and top number 140 or more, OR bottom number 90 or more, for the first time: maternity unit within 24 hours
- don't start, stop or change blood pressure medicine unless a doctor tells you to
- on blood pressure medicine and pregnant? Tell your doctor straight away

Full details in the description.

Full safety advice: turn over this sheet.

Pregnancy blood pressure numbers

During pregnancy and in the weeks after birth, a top number of 140 or higher, or a bottom number of 90 or higher, is high. [1, 2, 3]

A top number of 160 or higher, or a bottom number of 110 or higher, is severe. [2, 3]

What to do at each level is on the card above and in the full safety advice on the back.

Scan to get this pack

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The full safety advice

Call 999 straight away if you or someone else has sudden chest pain or tightness that does not go away, severe difficulty breathing, signs of a stroke such as face drooping, arm weakness or slurred speech, sudden blurred vision or loss of sight, a sudden severe headache, or new confusion. This applies whatever the blood pressure reading.

NICE counts blood pressure as severe when, measured in clinic, the top number is 180 or higher or the bottom number is 120 or higher. Either number on its own is enough. If either number in a home reading is at that level or higher and you feel well, rest for a few minutes and check it again. If either number is still that high, contact your GP surgery as soon as possible so it can be checked. If you're worried, or can't reach your surgery, get help from NHS 111.

If you often get headaches or blurred vision, or chest pain that comes and goes, get help from NHS 111.

If you're pregnant or have given birth in the last few weeks, different numbers apply. During pregnancy and in the weeks after birth, a top number of 140 or higher, or a bottom number of 90 or higher, is high. A top number of 160 or higher, or a bottom number of 110 or higher, is severe. If you're more than 20 weeks pregnant and either number reaches the high level for the first time in this pregnancy, contact your maternity unit so you can be checked within 24 hours, even if you feel well. If you're less than 20 weeks pregnant, or you had high blood pressure before this pregnancy, tell your midwife about a high reading, because you may need to see a specialist. If you've given birth in the last few weeks and either number reaches the high level, tell your midwife, health visitor or GP so it can be checked. If either number reaches the severe level, get urgent medical help the same day, even if you feel well. Also get urgent medical help if you have symptoms such as a severe headache that does not go away with painkillers, blurred vision or flashing lights, pain below the ribs, sudden swelling of the face, hands or feet, or feeling very unwell. If you're pregnant, call your maternity unit straight away. If you've recently given birth or can't reach your maternity unit, call 111.

Do not start, stop or change blood pressure medicine unless a doctor tells you to. If you take blood pressure medicine and find out you're pregnant, tell your doctor straight away.

The card and the safety advice above are approved wording, printed unchanged. Evidence: NICE NG136 (Terms used and 1.5.1; last updated 26 February 2026); NICE NG201 (1.2.26 and 1.2.27; published 19 August 2021); NICE NG133 (Terms used; last updated 17 April 2023); NHS.uk pages on high blood pressure (reviewed 19 July 2024), stroke symptoms (reviewed 12 September 2024), heart attack (reviewed 31 March 2026), chest pain (reviewed 8 August 2023), shortness of breath (reviewed 30 January 2024), confusion (reviewed 28 May 2024), subarachnoid haemorrhage (reviewed 4 September 2025), pre-eclampsia (reviewed 23 March 2026), high blood pressure in pregnancy (reviewed 13 November 2024) and amlodipine (reviewed 9 June 2026).

Sources (checked 10 November 2026)

[1] NICE NG133, Hypertension in pregnancy: diagnosis and management (last updated 17 April 2023), Terms used in this guideline: hypertension. https://www.nice.org.uk/guidance/ng133/chapter/Recommendations
[2] NICE NG201, Antenatal care (published 19 August 2021), recommendations 1.2.26 and 1.2.27. https://www.nice.org.uk/guidance/ng201/chapter/Recommendations
[3] NHS.uk, High blood pressure (hypertension) and pregnancy (page last reviewed 13 November 2024). https://www.nhs.uk/pregnancy/existing-health-conditions/high-blood-pressure/

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Blood Pressure Action Pack · Part 2 of 5

Seven-Day Home Blood Pressure Diary

Read the safety box on the back of this sheet before you start.

Use this diary when your GP or nurse asks you to check your blood pressure at home. [1]

Each morning and each evening, take 2 readings, at least 1 minute apart, sitting down. Write both down. [1, 2]

Keep going for 7 days, or for as many days as your GP or nurse asks. [1, 2]

Day 1 is left out when your GP or nurse works out your result. Still write it down. [2]

Write down every reading. [1]

Day	Date Time	Morning 1st reading	Morning 2nd reading	Evening 1st reading	Evening 2nd reading	Notes
Day 1*	_____	/	/	/	/	
*** Reminder: Day 1 is left out of your result, but write it down.**						
Day 2	_____	/	/	/	/	
Day 3	_____	/	/	/	/	
Day 4	_____	/	/	/	/	
Day 5	_____	/	/	/	/	
Day 6	_____	/	/	/	/	
Day 7	_____	/	/	/	/	

No monitor at home? Ask your GP surgery. If a doctor or nurse needs you to check your blood pressure at home, they may give you a machine to use. [1]

Sources (checked 10 November 2026)

[1] NHS.uk, Blood pressure test (page last reviewed 25 November 2025). https://www.nhs.uk/tests-and-treatments/blood-pressure-test/

[2] NICE NG136, Hypertension in adults: diagnosis and management (last updated 26 February 2026), recommendation 1.2.7. https://www.nice.org.uk/guidance/ng136/chapter/recommendations

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Safety box: read this before you start

EMERGENCY, WHATEVER THE READING

Call 999 for:
- sudden chest pain or tightness that doesn't go away
- severe difficulty breathing
- stroke signs: face drooping, arm weakness, slurred speech
- sudden blurred vision or loss of sight
- sudden severe headache or new confusion

VERY HIGH READING, FEELING WELL

Top number 180 or more, OR bottom number 120 or more:
- rest a few minutes, then check again
- still that high: contact your GP surgery as soon as possible
- worried, or can't reach your surgery: NHS 111

PREGNANT OR GAVE BIRTH IN THE LAST FEW WEEKS

- top number 160 or more, OR bottom number 110 or more: urgent help the same day, even if you feel well
- severe headache, blurred vision or flashing lights, pain below the ribs, or sudden swelling: urgent help
- pregnant: call your maternity unit straight away
- gave birth, or can't reach your maternity unit: call 111

ALSO IN PREGNANCY, AND MEDICINES

- over 20 weeks, and top number 140 or more, OR bottom number 90 or more, for the first time: maternity unit within 24 hours
- don't start, stop or change blood pressure medicine unless a doctor tells you to
- on blood pressure medicine and pregnant? Tell your doctor straight away

Full details in the description.

Full safety advice: immediately below.

The full safety advice

Call 999 straight away if you or someone else has sudden chest pain or tightness that does not go away, severe difficulty breathing, signs of a stroke such as face drooping, arm weakness or slurred speech, sudden blurred vision or loss of sight, a sudden severe headache, or new confusion. This applies whatever the blood pressure reading.

NICE counts blood pressure as severe when, measured in clinic, the top number is 180 or higher or the bottom number is 120 or higher. Either number on its own is enough. If either number in a home reading is at that level or higher and you feel well, rest for a few minutes and check it again. If either number is still that high, contact your GP surgery as soon as possible so it can be checked. If you're worried, or can't reach your surgery, get help from NHS 111.

If you often get headaches or blurred vision, or chest pain that comes and goes, get help from NHS 111.

If you're pregnant or have given birth in the last few weeks, different numbers apply. During pregnancy and in the weeks after birth, a top number of 140 or higher, or a bottom number of 90 or higher, is high. A top number of 160 or higher, or a bottom number of 110 or higher, is severe. If you're more than 20 weeks pregnant and either number reaches the high level for the first time in this pregnancy, contact your maternity unit so you can be checked within 24 hours, even if you feel well. If you're less than 20 weeks pregnant, or you had high blood pressure before this pregnancy, tell your midwife about a high reading, because you may need to see a specialist. If you've given birth in the last few weeks and either number reaches the high level, tell your midwife, health visitor or GP so it can be checked. If either number reaches the severe level, get urgent medical help the same day, even if you feel well. Also get urgent medical help if you have symptoms such as a severe headache that does not go away with painkillers, blurred vision or flashing lights, pain below the ribs, sudden swelling of the face, hands or feet, or feeling very unwell. If you're pregnant, call your maternity unit straight away. If you've recently given birth or can't reach your maternity unit, call 111.

Do not start, stop or change blood pressure medicine unless a doctor tells you to. If you take blood pressure medicine and find out you're pregnant, tell your doctor straight away.

This safety advice in large print: free at theeducatinggp.com/bp.

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Blood Pressure Action Pack · Part 3 of 5

3 How to Measure Your Blood Pressure Properly

A step-by-step checklist for home readings. Tick each step as you go.

Before you start, read the Red-Flag and Pregnancy Blood Pressure Card. It is free at theeducatinggp.com/bp.

Your monitor and cuff

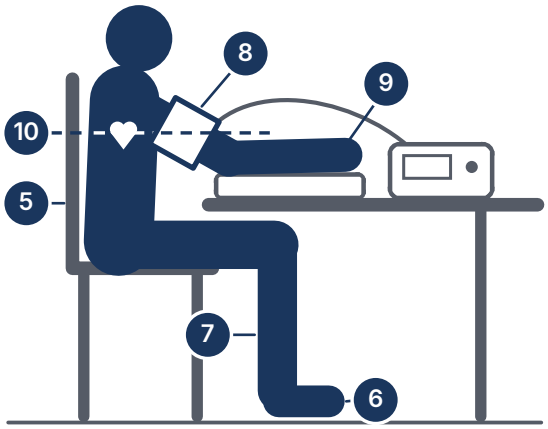
- ☐ (1) Use an upper-arm monitor that has been validated (checked for accuracy). [1, 2]
- ☐ (2) Use a cuff that fits your upper arm. Many cuffs are marked with the arm sizes they fit. [1, 3]

For 30 minutes before

- ☐ (3) No caffeine (such as coffee, tea or cola), no smoking or other nicotine, and no exercise. [1]
- ☐ (4) Empty your bladder (go for a wee). [1]

Get into position

- ☐ (5) Sit on a chair, with your back supported. [1]
- ☐ (6) Put your feet on the floor. [1]
- ☐ (7) Do not cross your legs. [1]
- ☐ (8) Put the cuff on your bare upper arm (a light sleeve is acceptable). [1]
- ☐ (9) Rest your arm on a table, supported. [3, 5]
- ☐ (10) Keep the middle of the cuff level with your heart. A cushion or book under your arm can help. [1]
- ☐ (11) Before your first reading, sit quietly and rest, ideally for at least 5 minutes. [1, 3]



The numbers match the steps.

Take the readings

- ☐ (12) Relax. Do not talk, read or use electronic devices while you rest or during the reading. [1]
- ☐ (13) Take 2 readings, at least 1 minute apart, and write both down. [4, 5]
- ☐ (14) Do this in the morning and in the evening, as often as your GP or nurse advised. [4, 5]

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The full safety advice

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NICE counts blood pressure as severe when, measured in clinic, the top number is 180 or higher or the bottom number is 120 or higher. Either number on its own is enough. If either number in a home reading is at that level or higher and you feel well, rest for a few minutes and check it again. If either number is still that high, contact your GP surgery as soon as possible so it can be checked. If you're worried, or can't reach your surgery, get help from NHS 111.

If you often get headaches or blurred vision, or chest pain that comes and goes, get help from NHS 111.

If you're pregnant or have given birth in the last few weeks, different numbers apply. During pregnancy and in the weeks after birth, a top number of 140 or higher, or a bottom number of 90 or higher, is high. A top number of 160 or higher, or a bottom number of 110 or higher, is severe. If you're more than 20 weeks pregnant and either number reaches the high level for the first time in this pregnancy, contact your maternity unit so you can be checked within 24 hours, even if you feel well. If you're less than 20 weeks pregnant, or you had high blood pressure before this pregnancy, tell your midwife about a high reading, because you may need to see a specialist. If you've given birth in the last few weeks and either number reaches the high level, tell your midwife, health visitor or GP so it can be checked. If either number reaches the severe level, get urgent medical help the same day, even if you feel well. Also get urgent medical help if you have symptoms such as a severe headache that does not go away with painkillers, blurred vision or flashing lights, pain below the ribs, sudden swelling of the face, hands or feet, or feeling very unwell. If you're pregnant, call your maternity unit straight away. If you've recently given birth or can't reach your maternity unit, call 111.

Do not start, stop or change blood pressure medicine unless a doctor tells you to. If you take blood pressure medicine and find out you're pregnant, tell your doctor straight away.

This safety advice in large print: free at theeducatinggp.com/bp.

The safety advice above is approved wording, printed unchanged. Evidence: NICE NG136 (Terms used and 1.5.1; last updated 26 February 2026); NICE NG201 (1.2.26 and 1.2.27; published 19 August 2021); NICE NG133 (Terms used; last updated 17 April 2023); NHS.uk pages on high blood pressure (reviewed 19 July 2024), stroke symptoms (reviewed 12 September 2024), heart attack (reviewed 31 March 2026), chest pain (reviewed 8 August 2023), shortness of breath (reviewed 30 January 2024), confusion (reviewed 28 May 2024), subarachnoid haemorrhage (reviewed 4 September 2025), pre-eclampsia (reviewed 23 March 2026), high blood pressure in pregnancy (reviewed 13 November 2024) and amlodipine (reviewed 9 June 2026).

Sources (checked 10 November 2026)

[1] WHO technical specifications for automated non-invasive blood pressure measuring devices with cuff (World Health Organization, 2020; ISBN 978-92-4-000265-4), section 5, Measuring BP, page 25. https://www.who.int/publications/i/item/9789240002654

[2] NICE NG136, Hypertension in adults: diagnosis and management (last updated 26 February 2026), recommendation 1.1.3. https://www.nice.org.uk/guidance/ng136/chapter/recommendations

[3] NICE NG136, Hypertension in adults: diagnosis and management (last updated 26 February 2026), recommendation 1.1.4. https://www.nice.org.uk/guidance/ng136/chapter/recommendations

[4] NICE NG136, Hypertension in adults: diagnosis and management (last updated 26 February 2026), recommendation 1.2.7. https://www.nice.org.uk/guidance/ng136/chapter/recommendations

[5] NHS.uk, Blood pressure test (page last reviewed 25 November 2025). https://www.nhs.uk/tests-and-treatments/blood-pressure-test/

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Blood Pressure Action Pack · Part 4 of 5

GP Question Checklist

Questions to ask your GP about "-pril", "-sartan" and "-dipine" tablets. Tick the ones you want to ask, and take this sheet to your appointment.

Which tablets are these?

- ☐ ACE inhibitors, for example rami**pril**, enala**pril**, lisino**pril** and perindo**pril**. [1, 2, 3, 4]
- ☐ Angiotensin receptor blockers (ARBs), for example cande**sartan**, irbe**sartan**, lo**sartan** and val**sartan**. [5, 6, 7, 8]
- ☐ Calcium-channel blockers, for example amlo**dipine**. [9, 10]

My questions

- ☐ **Which type of blood pressure medicine am I taking, and why was it chosen for me?**
- ☐ **NICE guidance mentions family origin when choosing blood pressure medicine. How was that considered for me?**
  NICE's hypertension guideline (NG136, 1.4.30 and 1.4.35) mentions Black African or African–Caribbean family origin when choosing blood pressure medicine. [11]
- ☐ **Which side effects should I tell you about?**
  NHS.uk lists a dry, persistent cough as a side effect of ramipril, and swelling in the ankles, feet and legs as a common side effect of amlodipine. [1, 9, 10, 12]

  NHS.uk says about ramipril: "Call 999 or go to A&E now if: you have swelling in areas such as your lips, tongue and face – these may be signs of angioedema (you have a higher chance of getting angioedema if you have black skin)". [12]
- ☐ **When do I need blood tests for my kidneys and potassium?**
  For ACE inhibitors, NICE CKS advises checking kidney function and electrolytes before starting, 1 to 2 weeks after starting, after each dose increase, and regularly during treatment. NHS.uk says your doctor will arrange blood tests while you take losartan. [13, 14]
- ☐ **Should I avoid salt substitutes that contain potassium?**
  NICE says salt substitutes containing potassium chloride should not be used by people taking some blood pressure medicines, such as ACE inhibitors and ARBs. [14, 15]
- ☐ **Have I had the checks NICE offers everyone with high blood pressure?**
  NICE lists a urine test (albumin to creatinine ratio, and a strip test for blood), a blood test (HbA1c, electrolytes, creatinine, eGFR, total and HDL cholesterol), an eye check (the back of the eye) and a 12-lead ECG (heart tracing) (1.3.3). [16]
- ☐ **When is my yearly review?**
  NICE recommends an annual review of care to check your blood pressure, give support, and discuss lifestyle, symptoms and medicines (1.4.24). [17]

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- [ ] **What should I do with my tablets if I get ill, for example with vomiting or diarrhoea?**
  NHS.uk advises contacting your doctor if you get ill while taking ramipril. Ask for your own written plan: see the Sick-Day Rules card, free at theeducatinggp.com/bp. [14, 18]
- [ ] **How often should I check my blood pressure at home, and how should I bring you the readings?**
  NHS.uk: you usually take readings twice a day, once in the morning and once in the evening. Your doctor or nurse will tell you how many days to do this. [19]
- [ ] **I am pregnant, or could become pregnant. Is my blood pressure medicine suitable?**

> **Do not start, stop or change blood pressure medicine unless a doctor tells you to. If you take blood pressure medicine and find out you're pregnant, tell your doctor straight away.**

My other questions

Sources (checked 10 November 2026)

[1] BNF, Ramipril: ACE inhibitor; side effects (no date shown). https://bnf.nice.org.uk/drugs/ramipril/
[2] BNF, Enalapril maleate: ACE inhibitor (no date shown). https://bnf.nice.org.uk/drugs/enalapril-maleate/
[3] BNF, Lisinopril: ACE inhibitor (no date shown). https://bnf.nice.org.uk/drugs/lisinopril/
[4] BNF, Perindopril erbumine: ACE inhibitor (no date shown). https://bnf.nice.org.uk/drugs/perindopril-erbumine/
[5] BNF, Candesartan cilexetil: ARB (no date shown). https://bnf.nice.org.uk/drugs/candesartan-cilexetil/
[6] BNF, Irbesartan: ARB (no date shown). https://bnf.nice.org.uk/drugs/irbesartan/
[7] BNF, Losartan potassium: ARB (no date shown). https://bnf.nice.org.uk/drugs/losartan-potassium/
[8] BNF, Valsartan: ARB (no date shown). https://bnf.nice.org.uk/drugs/valsartan/
[9] NHS.uk, Amlodipine (page last reviewed 9 June 2026). https://www.nhs.uk/medicines/amlodipine/
[10] BNF, Amlodipine: calcium-channel blocker; side effects (no date shown). https://bnf.nice.org.uk/drugs/amlodipine/
[11] NICE NG136, Hypertension in adults: diagnosis and management (last updated 26 February 2026), recommendations 1.4.30 and 1.4.35. https://www.nice.org.uk/guidance/ng136/chapter/recommendations
[12] NHS.uk, Side effects of ramipril (page last reviewed 18 March 2026). https://www.nhs.uk/medicines/ramipril/side-effects-of-ramipril/
[13] NICE Clinical Knowledge Summaries, Hypertension: prescribing information, ACE inhibitors, section Monitoring (last revised June 2026). https://cks.nice.org.uk/topics/hypertension/prescribing-information/angiotensin-converting-enzyme-inhibitors/
[14] NHS.uk, Losartan (page last reviewed 10 June 2026). https://www.nhs.uk/medicines/losartan/
[15] NICE NG136, Hypertension in adults: diagnosis and management (last updated 26 February 2026), recommendation 1.4.5. https://www.nice.org.uk/guidance/ng136/chapter/recommendations
[16] NICE NG136, Hypertension in adults: diagnosis and management (last updated 26 February 2026), recommendation 1.3.3. https://www.nice.org.uk/guidance/ng136/chapter/recommendations
[17] NICE NG136, Hypertension in adults: diagnosis and management (last updated 26 February 2026), recommendation 1.4.24. https://www.nice.org.uk/guidance/ng136/chapter/recommendations
[18] NHS.uk, How and when to take ramipril (page last reviewed 18 March 2026). https://www.nhs.uk/medicines/ramipril/how-and-when-to-take-ramipril/
[19] NHS.uk, Blood pressure test (page last reviewed 25 November 2025). https://www.nhs.uk/tests-and-treatments/blood-pressure-test/

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Blood Pressure Action Pack · Part 5 of 5

Sick-Day Rules Card: My Personal Plan

Ask your own doctor or pharmacist to fill in this card with you. Keep it with your medicines.

If you get ill with vomiting, diarrhoea or a high temperature while taking some blood pressure medicines, there is a risk you will get dehydrated. Your doctor or pharmacist may give you advice about your medicines while you are ill. [1, 2, 3, 4]

Ask your GP or pharmacist for your written sick-day plan so you know when to pause them temporarily and when to restart once you are drinking normally again. Follow the advice they have written here.

My name: _____

Filled in by (name and role): _____

Surgery or pharmacy, and phone number: _____

Date: _____

My medicine	When to pause it (as written by my clinician)	When to start it again (as written by my clinician)

Call 111 now if you keep being sick and cannot keep fluid down. [5]

Do not start, stop or change blood pressure medicine unless a doctor tells you to.

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UK health education only. Not personal medical advice, diagnosis, or treatment. In a life-threatening emergency call 999 or go to A&E. If you need medical help urgently, or are not sure where to go, use NHS 111 online or call 111. For other concerns contact your GP.
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Other advice from my doctor or pharmacist

Sources (checked 10 November 2026)

[1] NHS.uk, Losartan (page last reviewed 10 June 2026). https://www.nhs.uk/medicines/losartan/
[2] NHS.uk, Furosemide (page last reviewed 7 July 2026). https://www.nhs.uk/medicines/furosemide/
[3] NHS.uk, Indapamide (page last reviewed 3 July 2026). https://www.nhs.uk/medicines/indapamide/
[4] NHS.uk, How and when to take ramipril (page last reviewed 18 March 2026). https://www.nhs.uk/medicines/ramipril/how-and-when-to-take-ramipril/
[5] NHS.uk, Diarrhoea and vomiting (page last reviewed 21 December 2023). https://www.nhs.uk/symptoms/diarrhoea-and-vomiting/

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