

Heart Health Plus

High Blood Pressure Self-Management Plan

Date: _____

The most important person managing your blood pressure (BP) is **you**.

Treatment guidelines:

Current blood pressure _____/_____

- Borderline high blood pressure = 120-139/ 80-89
- High blood pressure = 140 and above/ 90 and above

My personal BP management goal:

My personal action plan

Take medications daily:

List out Medications	How do you take these medications?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Monitor your blood pressure daily:

Utilize the daily blood pressure monitoring log or the Heart 360 application.

Reduce your sodium intake:

- ✓ 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 your diet per week
- ✓ At restaurants choose items listed as “healthy choice”
- ✓ At restaurants, ask for food with no added salt

Increase your Physical Activity:

- ✓ 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 or without light weights
- ✓ Swim or do water exercise _____ minutes _____ days a week

Manage STRESS or quit SMOKING:

- ✓ To reduce stress:
 - Change my expectations
 - Learn to say no
 - Practice gratitude and joy
- ✓ To quit smoking:
 - Enroll in a Tobacco Free Florida Quit Your Way Program
 - Talk with my doctor or quit counselor about medications that will help you succeed
 - Set a quit date: _____

I, _____ pledge to follow the activities outlined in this self-management plan. It may take some time to achieve, but I deserve to be the healthiest version of myself, not only for me but for my friends and family as well. I am saying NO to uncontrolled high blood pressure, heart disease, stroke, kidney disease and other health problems!

X _____

Care Manager or Health Educator _____

County Health Department Phone Number _____

Other Consultants or Providers _____