

Hull and East Riding of Yorkshire Hypertension Screening Service Registration and first intervention form (1st platform)

Date of consultation	Resident of Hull or East Riding of Yorkshire YES / NO	Client Consents to the sharing of information with their GP?(must be YES) YES / NO			
Name		Gender	Date of Birth		
Address and Postcode		GP name and address			
Contact telephone number		Ethnicity			
Has the client had a BP test within 12 months? (If yes, client is Not eligible for the service unless they have been referred into the pharmacy hypertension screening service for home BP monitoring by another health professional.)					YES / NO
Medical history of Hypertension?		YES / NO	Is the client taking BP medication (If the client is taking medication for hypertension, they are NOT eligible for this service)		YES / NO
Where did client hear about the service? (Choose option below)					
Conversation In the pharmacy	Health trainer service	GP Practice	Poster in pharmacy	Word of Mouth	Other
Blood Pressure Readings					
If the first Systolic reading $\geq 140\text{mmHg}$ or $< 90\text{mmHg}$, wait at least 1 minute and take a further reading. If this reading is substantially different from the first, then take a 3rd reading.					
If the first Diastolic reading ≥ 90 or < 60 , wait at least 1 minute and take a further reading. If this reading is substantially different from the first, then take a 3rd reading.					
1 st reading		2 nd reading if required			
3 rd if required		Lowest of the Systolic and Diastolic BP measurements			
If BP range is between systolic 140-179mmHg / Diastolic 90- 109mmHg: offer home testing					
Systolic BP between 180-219mmHg OR Diastolic between 110 -119mmHg: refer to the GP within the next 3 days.					
Systolic BP $\geq 220\text{mmHg}$ OR Diastolic BP $\geq 120\text{mmHg}$: refer for IMMEDIATE/ same day follow up with GP/ OOH/ A&E					
Home BP monitoring applicable and offered?		YES / NO	Home monitoring accepted?		YES / NO
IF HBPM accepted: paperwork / loan form completed and process explained		YES / NO	Date of Follow up appointment:		
Irregular Pulse detected		YES / NO	If YES : Refer to GP for follow up within 3 days		
Blood pressure leaflet supplied?		YES / NO	Lifestyle Advice Given?		YES / NO
Was the Patient Signposted?		YES / NO	Where was the Patient Signposted to?		
Name of Staff member taking the Blood Pressure Readings		Role of staff member (e.g. Healthily living champion)			

Hypertension screening Service - Follow Up consultation to analyse HBPM (2nd Platform)						
Consultation date			Patients name			
Consent: Check the patient knows that the weekly HBPM results will be analysed and if a high or very high blood pressure reading is evident, a referral will be made to their GP. Does the patient consent to this information being sent to their GP, and for the pharmacy to contact the patient in a few weeks to ascertain the outcome of the referral? (Required) YES /NO						
Is this a Follow up visit after HBPM?			Yes	No		
Has the client returned the BP machine?			Yes	No		
Has the client completed the home testing?			Yes	No		
Blood Pressure Readings						
Calculate and Record the average systolic and Diastolic BP reading captured during the weekly home monitoring			Systolic	Diastolic		
Does the patient require referral?			Yes	No		
Type of referral made: (urgency)	3 days	Urgent 24 hours. (please indicate whether referred to GP / OOH / A&E)				
Systolic BP between 180-219mmHg OR Diastolic between 110 -119mmHg: refer to the GP within the next 3 days.						
Systolic BP ≥220mmHg OR Diastolic BP ≥120mmHg: refer for IMMEDIATE/ same day follow up with GP/ OOH/ A&E						
Who analysed the Home Blood Pressure Readings? (Please select from options below)						
Healthy Living Champion,	Pharmacy Technician	Pharmacy Dispenser	Pharmacy Assistant	Pre-Registration Pharmacist	Pharmacist,	Other

Hypertension screening Post referral follow up (3rd Platform)		
Date followed up	Patient name	
Indicate the Outcomes of referral:	Hypertension diagnosed	AF diagnosed
Any Medication prescribed?	yes	No
New medicines service offered?	yes	No
NMS accepted?	yes	No
Name of staff member completing the follow up.	Role of staff member (e.g. Healthily living champion)	