

# 24 hour blood pressure monitoring (children)

Children's Day Care

Last reviewed: June 2026

Information for Patients

Next review: June 2029

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## Introduction

You have been fitted with a blood pressure monitor. It will measure your blood pressure at regular times in the day and night. It let us check your blood pressure over 24 hours whilst you do your normal daily activities.

The monitor must be worn for a full 24 hours to record your blood pressure for a full day whilst you are awake and asleep.

## What will the monitor do?

The monitor is usually set to take your blood pressure:

- Every 20 minutes in the day
- Every 30 minutes at night

In the day, the monitor will 'beep' to warn you that it is about to take a reading. It will 'beep' again to let you know it has finished. At night the monitor will not 'beep'.

As soon as you feel the cuff tighten, please keep your arm and fingers still and relaxed until the cuff goes down fully. This is not painful and you will have been shown how the cuff tightens at your appointment for the fitting of the monitor.

If the monitor fails to record a reading it will 'beep' a few times and automatically do a second reading shortly afterwards.

## What do I need to do?

**Please do not get the monitor wet. Do not have a bath or shower while wearing the monitor.** You can continue all other normal daily activities.

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**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals.  
To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

Follow the instructions given to you by the nurse. Take all your normal medication unless you are told differently.

A mark will be drawn on your arm when the monitor and cuff are fitted. This mark needs to line up with the arrow on the cuff. Check this every so often to make sure the cuff is in the right position.

Your blood pressure will **not** be displayed at all over the 24 hours.

**Please fill in the form below over the next 24 hours:**

Name:	Date:	Monitor number:
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Time you went to bed:	Time you got up:
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Date	Time	Medication taken	Dose (in mcg, mg or g)	Symptoms (if none write N/A)

Date	Time	Exercise (describe type for example bike ride)

**If no exercise done please leave blank**



## How do I return the monitor?

You will have been shown how to take off the cuff and the blood pressure monitor after 24 hours.

**Remember to switch off the monitor.** Place all the equipment and this completed leaflet in the envelope given to you. Return it to Children's Day Care Unit at Leicester Royal Infirmary.

Please return the equipment on .....

## Contact information

If you have any questions please contact us on 0116 258 6317 (Monday to Friday 8am to 6pm)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [uhl-tr.equalitymailbox@nhs.net](mailto:uhl-tr.equalitymailbox@nhs.net)



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Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit [www.uhleicester.nhs.uk/research/patients-public/be-part-of-our-research/](http://www.uhleicester.nhs.uk/research/patients-public/be-part-of-our-research/)

**Parent agreement and record form:**

PATIENT LABEL HERE

I.....agree to take full responsibility for the blood pressure monitor; Equipment number.....whilst.....is on the 24 hour study. I agree to return it to Children's Day Care Unit, Level 4, Windsor Building on..... at.....

If I am unable to bring the box back on this date I will ring the ward to tell them on  
**0116 258 6317**

**Please note that failure to return the box will mean a delay in your child's results and that another child will not be able to use the equipment.**