# HOME BP
# ALERT FORM

**Directions:** Complete this form if the site is notified by the family/participant or UCSF that the participant had a critically high BP reading (i.e., an elevated reading which was above the appropriate BP threshold).

- >95th percentile + 12 mmHg for children aged <13 years old
- ≥140/90 mm Hg for children aged ≥13 years old
- 160/100 mm Hg for adults >18 years old

KID #: |__| - |__|__| - |__|__|__|

FORM COMPLETED BY (INITIALS): ___ ___ ___

Date the site was contacted about the elevated reading(s): ___ ___/___ ___/___ ___ ___ ___

1. Elevated readings: ___ ___ ___ / ___ ___ ___
2. Date of the elevated readings: ___ ___/___ ___/___ ___ ___ ___
3. Was the participant's nephrologist contacted? ☐ Yes[1] ☐ No[2]
   i. Name of physician contacted: _____
   ii. Date of contact: ___ ___/___ ___/___ ___ ___ ___
   iii. Initials of staff who made contact: ___ ___ ___
4. Who identified that elevated BP reading(s)? ☐ UCSF[1]
   ☐ Family/participant[2] **(END FORM)**
5. Was the family/participant contacted* about the elevated BP readings alert? ☐ Yes[1] ☐ No[2]
   *It is recommended that the family/participant is contacted within 24 hours after the site is notified.

**Please scan and email the completed form to your Clinical Coordinating Center (CCC)**


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