**Lying and Standing Blood Pressure Pathway**

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| --- |
| **Name:** |
| **Date of Birth:** |
| **Hospital Number:** |
| **Community Patient Identifier:** |
| **Consultant:** |

This pathway should be used in conjunction with the falls risk assessment if the patient triggers one or more of the following criteria;

* 1. Over seventy five years old
  2. Has a history of falls
  3. Has a history of dizziness on standing
* The first lying and standing blood pressure assessment should be carried out either within the first 24 hours after admission (non-surgical patients) or for surgical patients within 24 hours of mobilising post-op.
* The assessment is to be carried out by a health care professional trained in the taking of lying and standing blood pressure.
* The comments box should be used to record any variance.
* Assistance may be needed to enable the person to stand, this must be recorded.
* All results should be made known to the clinician in charge of the patient’s care.
* The second assessment, if required, should be undertaken forty eight hours after a medication change.
* There are further assessment records to be used at clinicians’ discretion.
* If patient unable to stand, or poorly due to condition, and lying and standing blood pressure unable to be taken, this must be documented on both this form and the falls risk assessment care plan.
* If the patient condition improves, the lying and standing blood pressure needs to be taken as soon as possible.

**Procedure**

* Patient to have been lying down for at least 5 minutes
* Measure lying blood pressure on a straight arm
* Ask patient to stand
* Measure blood pressure immediately after standing and then again at three and five minutes
* Record results on chart
* If patient unable to stand or comply inform doctor

**Check LSBP**

**Is there a postural drop?**

(Drop in systolic bp >20mmHG, drop in diastolic bp >10mmHG)

**No**

* Record in notes that LSBP checked
* No further action

**Yes**

* Give patient advice (enclosed)
* Provide leaflet
* Ensure adequate hydration
* Initiate medication review and record in patient’s notes
* Re-assess LSBP after 48 hours

**ORTHOSTATIC HYPOTENSION ASSESSMENT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** |  | **Lying** BP  (after **5 mins**) | Standing BP  **On Standing** | Standing BP  **3min** | Standing BP  **5 min** | **Dizzy / Light-headed**  (circle) | **Postural Drop** | **Sign, Print Name & Designation** |
| **1st assessment** |  | L | BP |  |  |  | Yes /  No |  |  |
| R | Pulse |
| **2nd assessment** |  | L | BP |  |  |  | Yes /  No |  |  |
| R | Pulse |
| **Variance** | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** |  | **Lying** BP  (after **5 mins**) | Standing BP  **On Standing** | Standing BP  **3min** | Standing BP  **5 min** | **Dizzy / Light-headed**  (circle) | **Postural Drop** | **Sign, Print Name & Designation** |
|  |  | L | BP |  |  |  | Yes /  No |  |  |
| R | Pulse |
|  |  | L | BP |  |  |  | Yes /  No |  |  |
| R | Pulse |
| **Variance** | | | | | | | | | |