Orthostatic Blood Pressure Monitoring

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Orthostatic Blood Pressure Monitoring

Carla Olson-BSN, RN-BC, CMSRN
St Cloud Hospital, St. Cloud, Minnesota

Purpose Statement
To apply the evidence of orthostatic blood (O/B/P) pressure monitoring techniques as compared to inconsistent O/B/P monitoring. Enhance the knowledge and skill of staff completing O/B/P to promote consistent technique and reliable assessment data. Identify and modify order sets which include O/B/P monitoring to ensure the order is written for use based on the evidence.

Synthesis of Evidence
- Orthostatic blood pressure changes that are unrecognized places patients at risk for falls as well as contributes to mortality. It has been identified that there is variation in the process for competing orthostatic blood pressures.
- Variation in practices may contribute to inaccurate/unrecognized changes. Multiple RNs, LPNs and PCAs were interviewed on the process of completing orthostatic blood pressures. Data collected from these 28 interviews identified significant process variations in technique (position changes) and timing of blood pressure readings.
- An evidence based practice project was completed on Orthostatic Blood Pressure Monitoring which included searching the literature for the evidence to support the process to complete orthostatic blood pressures.
- The Centers for Disease Control and Prevention (CDC) has published a guideline for measuring orthostatic blood pressures. The recommendation from this project is to utilize the CDC’s guideline as the standard for orthostatic blood pressure completions. Provider input support this change. Order sets and nursing orders were modified to align with the CDC guideline.

EBP Practice Change
- Process to complete Orthostatic Blood Pressures
  - Have the patient lie down for a minimum of 5 minutes.
  - Measure blood pressure and pulse rate.
  - Have the patient stand (note no sitting).
  - Repeat blood pressure and pulse rate measurements after standing at 1 and 3 minutes.
  - Document each measurement with the correct position/time
  - A drop in BP of ≥20 mm Hg, or in diastolic BP of ≥10 mm Hg, or patient reporting experiencing lightheadedness or dizziness is considered abnormal.

Team Members
- Carla Olson-BSN, RN-BC, CMSRN
- Carolyn Ruegemer-BSN, RN

Pre/Post Measures

**Pre Data**

<table>
<thead>
<tr>
<th>Measures</th>
<th>RN’s 12</th>
<th>LPN’s 4</th>
<th>PCA’s 11</th>
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<tbody>
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<td>Pre procedure</td>
<td>Lie flat for 5 mins</td>
<td>3/12</td>
<td>0/4</td>
</tr>
<tr>
<td>Procedure</td>
<td>Lying measure blood pressure and heart rate</td>
<td>0/12</td>
<td>0/4</td>
</tr>
<tr>
<td>Have patient stand</td>
<td>Repeat blood pressure and heart rate at 1 and 3 minutes</td>
<td></td>
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</tr>
</tbody>
</table>

**Post procedure - result recognition**
- Ask patients if experiencing any symptoms of lightheadedness or dizziness
- Verbalize criteria for abnormal orthostatic blood pressure
- 2/12 | 1/4 | 1/11

**Post Data**

<table>
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<th>LPN’s 3</th>
<th>PCA’s 5</th>
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<tbody>
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**Post procedure - result recognition**
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- Verbalize criteria for abnormal orthostatic blood pressure
- 9/12 | 3/3 | 3/8

References