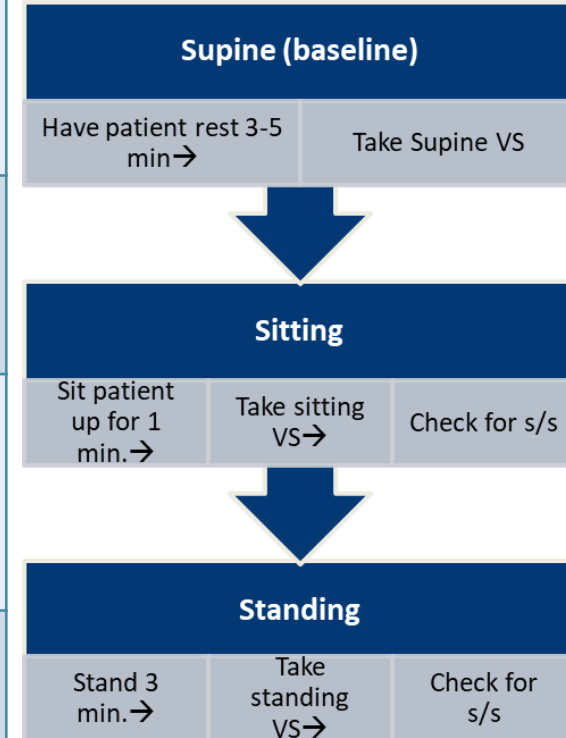




Avoiding Syncope due to Orthostatic Hypotension

S	When a patient stands, blood shifts to the lower body, leading to compensatory increases in heart rate, cardiac output, and systemic vascular resistance. It is characterized by a blood pressure drop of ≥ 20 mm Hg or more. The result is light-headedness, syncope, or blurred vision that may lead to a patient falling. Patients may also experience shallow breathing, fatigue, nausea, lack of concentration. These symptoms typically occurs within 2-5 minutes of standing.
B	When a patient stands, blood shifts to the lower body, leading to compensatory increases in heart rate, cardiac output, and systemic vascular resistance. <ul style="list-style-type: none"> • Normal increase is 10 beats/minute with standing, and systolic blood pressure should fall slightly. • Between 300-800mL of blood pools in legs.
A	Orthostatic hypotension may occur in patients: <ul style="list-style-type: none"> • at risk for hypovolemia (i.e., patients with vomiting, diarrhea, or bleeding), • have had syncope or a near syncopal episode (dizziness or fainting), • receive medications that cause orthostatic hypotension, or • have a medical condition that causes syncope
R	<ul style="list-style-type: none"> • Measure orthostatic/postural vital signs regularly while the patient is in a supine position as well as in a standing position. If a patient can't stand, obtain postural vital signs while the patient sits. • Elevate the head of the bed, and help the patient to a sitting position with the feet dangling over the side of the bed; if tolerated, have the patient sit in a chair briefly. Prompt the patient to transition slowly. • Monitor intake and output and weigh the patient daily. • Evaluate the need for assistive devices and help the patient with walking, especially for transferring in/out of bed/chair. • Consider compression stockings. • Encourage eating small, frequent meals. • Increase AROM leg exercises, especially prior to getting up.

How to Measure Orthostatic Vital Signs



- Subtract values 3 minutes after standing (or if patient cannot stand, then sitting) from lying values.
- A decline of ≥ 20 mm Hg in systolic or ≥ 10 mm Hg in diastolic blood pressure after 3 minutes of standing = orthostatic hypotension.
- A heart rate increase of at least 30 beats per minute after 3 minutes of standing may suggest hypovolemia, independent of whether the patient meets criteria for orthostatic hypotension.