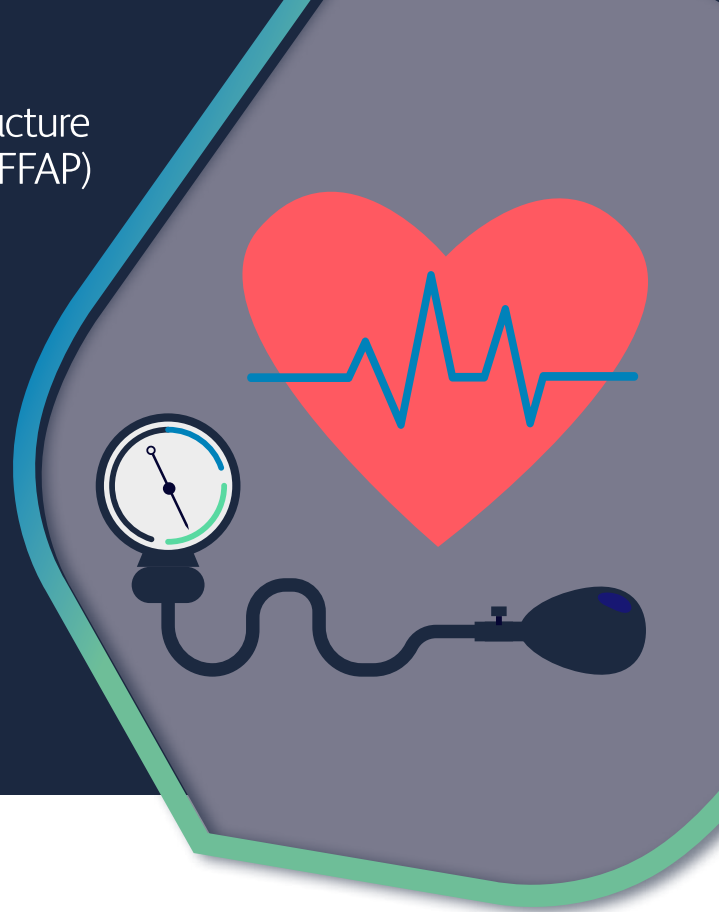




Measurement of lying and standing blood pressure as part of a multi-factorial falls risk assessment



Procedure

Identify if you are going to need assistance to stand the patient and simultaneously their blood pressure (BP). Use a manual sphygmomanometer if possible and definitely if the automatic machine fails to record.

- 1 Explain the procedure to the patient.
- 2 The first BP should be taken after lying for at least 5 minutes.
- 3 The second BP should be taken after standing in the first minute.
- 4 A third BP should be taken after standing for 3 minutes.
- 5 This recording can be repeated if the BP is still falling.
- 6 Symptoms of dizziness, light-headedness, vagueness, pallor, visual disturbance, feelings of weakness and palpitations should be documented.
- 7 A positive result is:
 - a a drop in systolic BP of 20 mmHg or more (with or without symptoms)
 - b a drop to below 90 mmHg on standing even if the drop is less than 20 mmHg. (with or without symptoms)
 - c a drop in diastolic BP of 10 mmHg with symptoms (although clinically much less significant than a drop in systolic BP).
- 8 Advise patient of results, and if the result is positive:
 - a inform the medical and nursing team
 - b take immediate actions to prevent falls and or unsteadiness.
- 9 In the instance of positive results, repeat regularly until resolved.
- 10 If symptoms change, repeat the test.

Note

NICE clinical guideline 161 *Falls in older people: assessing risk and prevention* says that the following groups of inpatients should be regarded as being at risk of falling in hospital and should receive an individualised, multi-factorial falls risk assessment:

- > all patients aged 65 and
- > patients aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying condition.