

Orthostatic Blood Pressure Vital Signs: Educating Staff to Keep Our Geriatric Population Safe.

Hilary A. Boos BSN, RN

Lehigh Valley Health Network, hillary_a.boos@lvhn.org

Erin Snyder BSN, RN

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Orthostatic Blood Pressure Vital Signs: Educating Staff to Keep Our Geriatric Population Safe

Hillary Boos, BSN, RN and Erin Snyder, BSN, RN
Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND/INTRODUCTION

The majority of geriatric patients on a 30-bed transitional trauma unit in an academic, Magnet® hospital are admitted due to a fall. These patients have multiple co-morbidities that may cause orthostatic hypotension, defined as a decrease in systolic BP of 20mmHg or a decrease in diastolic BP of 10mmHg within three minutes of standing from a supine or sitting position. Ideally, all geriatric fall patients should have orthostatic blood pressure (OBP) taken prior to standing upright.

This poster details an evidence-based practice project by nurse residents to improve compliance with the nurse ordering OBP and associated documentation compliance.

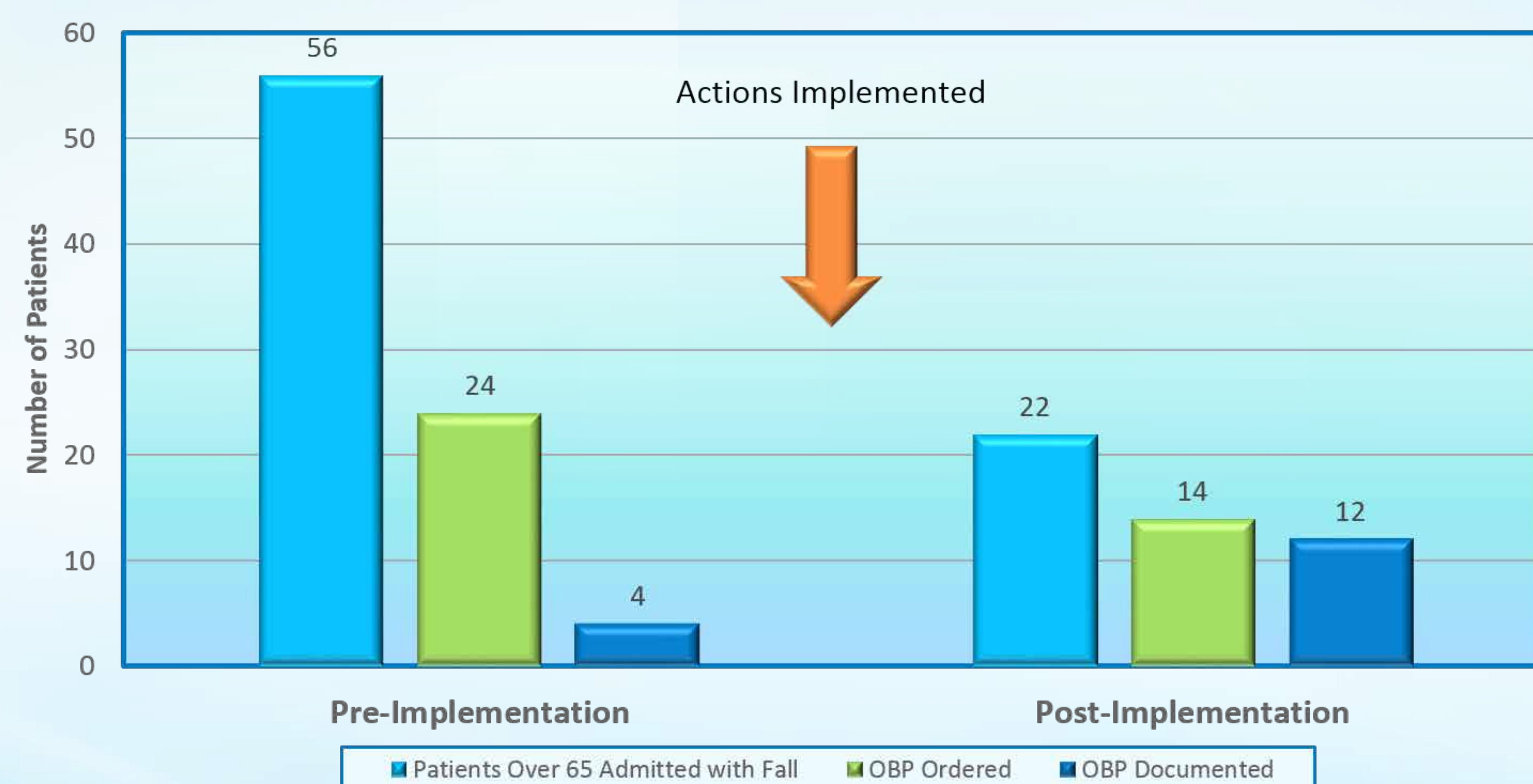


IMPLICATIONS & NEXT STEPS

- Staff members needed education and visual cues related to the need for OBP.
- Admission checklist was revised to include OBPs for appropriate population.
- A formal policy and procedure for OBP in the geriatric fall population is being considered.
- Awareness of orthostasis may prompt changes in medication regimens and fall prevention strategies.

RESULTS

Orthostatic Blood Pressure Orders & Documentation



- OBPs ordered improved from 42.8% to 63.6%.
- OBPs documented improved from 7.1% to 54.5%.
- Qualitative anecdotes relate licensed and non-licensed staff more aware of when and how to properly perform OBP and when to report changes.

METHODS

Sample Population

Patients 65-years and older, admitted to the unit with a fall

Pre- & Post-Implementation Data Collection

- Was OBP ordered?
- If yes, was it documented?

Implemented Actions

- Staff education
 - need for nurse ordered OBP
 - how to perform OBP
 - requirement to document
- Patient room door signage to identify patients to have OBP
- Posters in patient room as visual cue to do OBP and correct method

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