Measurement of lying and standing blood pressure as part of a multifactorial falls risk assessment

Procedure:
Identify if you are going to need assistance to stand the patient and simultaneously record a BP. Use a manual sphygmomanometer if possible and definitely if the automatic machine fails to record.

1. Explain procedure to the patient.
2. The first BP should be taken after lying for at least five minutes.
3. The second BP should be taken after standing in the first minute.
4. A third BP should be taken after standing for three minutes.
5. This recording can be repeated if the BP is still falling.
6. Symptoms of dizziness, light-headedness, vague, pallor, visual disturbance, feelings of weakness and palpitations should be documented.
7. A positive result is:
   a. A drop in systolic BP of 20mmHg or more (with or without symptoms)
   b. A drop to below 90mmHg on standing even if the drop is less than 20mmHg. (with or without symptoms)
   c. A drop in diastolic BP of 10mmHg 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, multifactorial 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.