



Postural Vital Signs Measurement

Quicksheet

1. Perform hand hygiene.
2. Verify correct patient using two identifiers.
3. Determine the patient's medication history, because certain medications—such as sympatholytic drugs, diuretics, nitrates, narcotics, antihistamines, psychotropic agents, barbiturates, antihypertensives, and anticholinergics—can predispose a patient to orthostatic hypotension in the absence of hypovolemia.
4. Have the patient lie in a supine position for 2 to 3 minutes before taking the initial measurements. **Prevent unreliable results by avoiding invasive or painful procedures during the measurement of postural vital signs.**
5. Measure blood pressure and heart rate after the patient has been in a supine position for 2 to 3 minutes.
6. Have the patient move from the supine to the standing position. If the patient is unable to stand for blood pressure measurement, try either the high Fowler or the sitting position, although the results may be less credible. A supine-to-standing measurement is the most accurate measurement.
7. Question the patient about weakness, dizziness, or visual dimming associated with a change of position. Note any pallor or diaphoresis. These symptoms are as important as the measurement of vital signs. **Terminate the measurement if the patient becomes extremely dizzy and needs to lie down or experiences syncope.**
8. Take the standing or sitting blood pressure (in the same arm as the initial readings), and determine the heart rate within 1 minute of the position change. Support the patient's forearm at heart level when taking the blood pressure to prevent an inaccurate measurement.
9. If an intermediate sitting measurement was taken, have the patient move into the standing position and repeat the two previous steps.
10. Return the patient to a supine or sitting position.
11. Monitor for the resolution of symptoms such as dizziness, visual changes, or hypotension if any occurred during the measurement of postural vital signs.
12. Perform hand hygiene.
13. Document the results in the patient's record.

Excerpted and adapted from *Emergency Nursing Procedures, Fourth Edition*, by Jean A. Proehl, RN, MN, CEN, CCRN, FAEN, St. Louis: Saunders, 2009.

Comprehensive clinical review: Jeff Solheim, RN, BSN, CEN, CFRN, FAEN, November 2010

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