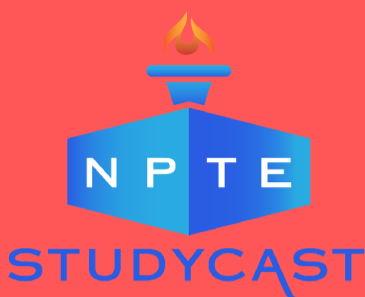


ORTHOSTATIC HYPOTENSION



WHAT IS IT?

- A decrease in blood pressure by ≥ 20 mmHg systolic and ≥ 10 mmHg diastolic when moving from a supine to upright position



CAUSES

- Cardiovascular system abnormalities
- BP abnormalities
- Compromised blood supply to the brain

SPECIAL TESTS

- CT Scan
- Follow up MRI
- Behaviors
 - Glasgow Coma Scale- in the field, first arriving in ER/ED, and monitoring after
 - Activity Behavioral Scale
 - Coma recovery Scale
 - Rancho Levels of Cognitive Functioning



SIGNS AND SYMPTOMS

- Physical signs: pallor, diaphoresis, loss of consciousness (potentially)
- Symptoms pt will report: dizziness, light-headedness, faintness, nausea

DIFFERENTIAL DIAGNOSIS

- Autonomic dysreflexia
- Look at the blood pressure: AD will have \uparrow in BP, OH will have \downarrow in BP
- Vertigo, BPPV: b/c of dizziness and light-headedness symptoms
- Generalized nausea from infection, etc.



SPECIAL TESTS

- Orthostatic testing: monitor BP with position changes

TREATMENT EXAMPLES

- Immediately: lay the person down, elevate legs to prevent loss of consciousness
- After: talk to the team about BP treatment medications
- Encourage fluids with pt
- Progress upright tolerance with a hospital bed, tilt table to decrease the number of OH episodes/frequency & duration of OH episodes
- Abdominal binders, ace wraps on legs to keep BP up



HOW CAN IT LOOK ON THE TEST?

- The important part: recognizing OH and manage it
- Emergent scenario: decide that it's OH and what you would do about it
- May need to differentiate between OH and more emergent conditions, such as AD

<https://www.aureusmedical.com/npteststudycast>

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