

OASIS Alert

Fall Risk: WITH ORTHOSTATIC HYPOTENSION RISK, TRY THESE INTERVENTIONS

Don't forget this common fall risk factor in M1910 and M2250.

Beginning with the Jan. 1, 2010 OASIS C implementation, clinicians must focus on planning interventions as well as doing assessments. You also need to complete the interventions.

For instance, M1910 asks if you have performed a multi-factor fall risk assessment and M2250 asks whether the plan of care includes falls prevention interventions --if the patient was assessed to be at risk for falls.

First, Use This 5 Step Evaluation Process

If your agency doesn't have a procedure for evaluating the patient for orthostatic hypotension, use this process from quality improvement organization **Quality Insights of Pennsylvania**:

1. Explain the procedure and reason for assessment to patient/caregiver -- instruct patient to report any symptoms of dizziness, lightheadedness, or faintness at any time during the assessment.
2. Obtain supine blood pressure (BP) and heart rate (HR) measurement once patient has been in supine position for five minutes.
3. Assist the patient to a safe sitting position with legs dangling over the edge of the bed or couch, wait one minute then obtain and document BP, HR, and patient symptoms.
4. If the patient tolerates position change with no orthostatic hypotension and the patient is able to stand, assist the patient to a standing position. Wait one to two minutes, obtain BP and HR then document BP, HR, and patient symptoms. If orthostatic changes are present, return patient to a safe, comfortable position. Intervene according to agency protocol and clinical indications.
5. Evaluate assessment findings and continue according to agency protocol and clinical indications.

Next, Determine What Your Intervention Will Include

Don't stop yet. As part of the new process measures in OASIS C, if your patient does have orthostatic hypotension, you will need to report on what interventions you decided to use and whether you carried out those interventions. Quality Insights suggests these interventions:

- Notify physician when assessment indicates orthostatic hypotension (ensure that medication reconciliation has been completed).
- Instruct patient to sit at the edge of the bed or couch for 30 to 60 seconds when moving from a lying to standing position.
- Instruct patient to walk in place for one minute after standing before walking away (e.g., avoid rushing to answer the phone or door bell).
- Instruct patient not to bend over at the waist to reach for something low.
- Instruct on not rising too quickly after a meal (meals can induce hypotension).

- Inform interdisciplinary team members to adjust treatment plan accordingly with inclusion of fall prevention interventions.
- Review medications and obtain orders for lab work to assess for volume depletion.

Protect yourself: Remember to document interventions as well as the assessment in the medical record.