

Tishk International UNIVERSITY
COLLEGE OF NURSING
LABORATORY AND CLINICAL EDUCATION

Procedure Evaluation Document (PED)

PROCEDURE:		Assessing postural (orthostatic) hypotension		
No.	Skill steps		Not achieved	Achieved
1	Prepared procedure equipment: <ul style="list-style-type: none"> • Vital signs chart • Sphygmomanometer • Stethoscope • Hand rub gel • Plastic tray 			
2	Identified patient using two identifiers.			
3	Performed greeting, introduction and permission procedure (G.I.P).			
4	Provided privacy.			
5	Explained the procedure to the patient and answered any questions.			
6	Adjusted the height of the bed.			
7	Performed hand hygiene using correct technique.			
8	Assisted patient to supine or sitting position.			
9	Asked if patient is in pain or has just exercised, unless it is urgent to obtain blood pressure.			
10	Selected appropriate arm for application of the cuff.			
11	Selected appropriate size cuff for the client.			
12	Exposed the area of brachial artery by removing garments or moving sleeve.			
13	Centred bladder of cuff over brachial artery approximately midway on arm, so lower edge of cuff was about 2.5–5 cm (1–2 inches) above inner aspect of elbow.			
14	Wrapped cuff smoothly and snugly around arm.			
15	Student verbally informed checking that mercury manometer is in a vertical position and mercury is within the zero area with gauge at eye level.			
16	Palpated pulse at brachial or radial artery.			
17	Tighten the screw valve on air pump.			
18	Inflated the cuff while continuing to palpate artery, and verbally informed the point when the pulse disappeared.			
19	Deflated cuff and waited 15 seconds.			
20	Placed stethoscope earpieces in ears.			
21	Placed stethoscope bell or diaphragm firmly but with as little pressure as possible over brachial artery			
22	Pumped the pressure 30 mm Hg above point at which systolic pressure was palpated and estimated.			
23	Slowly turned the screw valve on the air pump and let mercury fall slowly while noticing first clear sound (systolic pressure) and the last clear sound (diastolic pressure).			
24	Recorded the result.			
25	Assisted the patient to stand leaving the cuff in place.			
26	Assessed the patient for symptoms of postural hypertension (dizziness, lightheadiness, fainting, pallor, nausea).			
27	Waited for 1 minute, supporting the patient if necessary.			
28	Inflated the cuff again and rechecked the blood pressure.			
29	Rechecked the pulse.			
30	Recorded the results.			
31	Waited for 2 minutes and rechecked the blood pressure again.			
32	Rechecked the pulse.			
33	Documented the results and overall findings: normal/abnormal (abnormal – drop of more than 20mmHg systolic, 10mmHg diastolic BP or both).			

34	Restored the patient to a comfortable position.						
35	Reassured the patient by explaining the reason for the condition (prolong bedrest, immobilization)						
36	Gave patient instructions about prevention of postural hypotension: <ul style="list-style-type: none"> <input type="checkbox"/> Slow and gradual change from lying to sitting position before standing up <input type="checkbox"/> Sitting on the edge of the bed with feet on the floor for several minutes before standing up <input type="checkbox"/> Standing up slowly from sitting position <input type="checkbox"/> Standing up for 2 minutes next to the bed before trying to walk 						
37	Performed hand hygiene using correct technique.						
38	Documented the result in the vital signs chart.						
39	Informed the patient or relative if appropriate, of the result.						
40	Returned equipment to the dedicated area.						
41	Reported abnormal findings to appropriate health care provider (student should verbally report this action).						
COMPLETE PROCEDURE EVALUATION 100%							
≤50	51-60	61-70	71-80	81-90	91-100	Total points achieved	
Failed	Unsatisfactory	Novice	Supervised	Competent	Independent	Total level achieved	
Student			Signature			Actual Mark/Out of	
Teacher			Signature				
Clinical Area			Date				