Abstract 30
Presentation Format: Poster
Kathleen A. Schell, PhD, RN;
Denise L. Lyons, MSN, APRN, AGCNS-BC, FNGNA

Title: Routine Orthostasis Assessment in Management of Fall Risk In Hospitalized Older Adults: An Evidence-based Practice Project

Objectives (of project and/or presentation): To review the evidence-based practice project focused on the value of routine orthostasis evaluation as a fall risk screening component for hospitalized older adults.

Introduction OR Rationale: Orthostatic hypotension (OH) contributes to falls in the geriatric population. An inpatient fall, considered a hospital-acquired condition, is not reimbursable by Medicare and other payers. Assessment of orthostatic blood pressures (BPs) is often included in clinical management guidelines for those with fall risk. The time necessary to conduct these measurements and the possibility of inaccuracy warrant consideration of the feasibility and usefulness of this assessment.

Methods: PubMed, Ovid MEDLINE and CINAHL databases were searched for integrative reviews, evidence-based summaries and research articles specific to the relationship of falls to orthostasis. Professional guidelines were also reviewed. The selected resources were critiqued using the American Association of Critical Care Nurses Levels of Evidence and synthesized.

Results OR Practice Implications: The prevalence of OH in hospitalized patients is unknown. There are variations in the accepted methodology for determining OH BP predictive of falls. Manual sphygmomanometers, automatic noninvasive BP monitors, finger cuff plethysmography, arterial tonometry, and Head Up Tilting Tests (HUTT) have been used to measure OH. At times, OH was not reproducible. The evidence also revealed that there are many false positive results when evaluating orthostatic BPs. Postural BP change is inconsistent and must be measured carefully and repeatedly in order to avoid missing OH.

Conclusions: Routine evaluation of orthostasis in all hospitalized older adults is not recommended due to the lack of evidence. The value of routine orthostasis evaluation as a fall risk screening component for hospitalized older adults is understudied. Timing of maximum BP drop and duration of BP change need further exploration. Future research is needed to determine predictive value of OH for falls among large randomized samples using a prospective design.

References:


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