# **Health Facts for You**

## **UWHealth**

#### **Orthostatic Hypotension**

Orthostatic hypotension is form of low blood pressure. It happens when you stand up from sitting or lying down. You may be at higher risk of falling if you have this. This handout explains how to check for it and how to be safe if you have it.

The following are things that may cause you to have a greater chance of having orthostatic hypotension:

- Age
- Being in bed for a long time
- Medicines
- Not drinking enough fluids
- Some heart conditions

#### Safety in the Hospital

Our goal is to keep you safe during your hospital stay. If you have orthostatic hypotension, your team may suggest the following:

- Ask for help before you get up.
- Get up slowly.
- Drink fluids. Ask your team if you have any limits on how much you can drink.
- Raise the head of your bed 10 to 20 degrees.
- Learn about your health conditions and medicines.
- Ask your health care team about walking in your room and the halls to stay active.
- **Do not** take hot showers early in the morning.
- Think about using a chair in the shower.
- Wear support stockings to help with swelling in your legs.
- Your team may wish to check your blood pressure often.

#### **Staying Safe at Home**

- Be sure to ask for help when needed.
- Use equipment to help you move around and in the shower.
- Ask your health care team about medicines that may put you at risk for changes in your blood pressure.
- Drink plenty fluids.
- Take your blood pressure at a time that you feel relaxed and comfortable. **Do not** talk, watch TV, or look at your phone/tablet during the blood pressure test.

### Using an Automatic Blood Pressure Machine:

- 1. Roll up your sleeve or take off your shirt to expose your upper arm.
- 2. Sit quietly with your back supported and both feet flat on the floor for at least 5 minutes before the test.
- 3. Sit with the arm slightly bent and resting on a table so that the upper arm is at the same level as your heart.
- 4. Wrap the blood pressure cuff around your upper arm so that the lower edge of the cuff is about 1 inch above the bend of your elbow.
- 5. Press the on/off button on the machine and wait until the ready symbol or message appears next to zero in the display window.

#### **Checking Vital Signs at Home**

1. Start by lying flat for at least 5 minutes.



- 2. After 5 minutes, use your automatic blood pressure cuff to take your blood pressure while still lying flat.
- 3. When your blood pressure appears on the machine, write down this number. Slowly move to a standing position.



- 4. Once standing for 1 minute, take your blood pressure again and write down this number.
- Keep standing. After 3 minutes, take your blood pressure once more. Write down this number.



6. Check your blood pressure once a day. Your nurse can help you find a time that works best for you.

If you begin to feel any of the following symptoms, sit down right away and call your provider:

- Dizziness
- Weak legs
- Blurred vision
- Headache
- Nausea
- Fatigue
- Heart beating fast

If you are a patient receiving care at UnityPoint – Meriter, UW Health Northern Illinois or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2022. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8019

Date	Laying	HR	Standing 1 minute	HR	Standing 3 minutes	HR	Date	Laying	HR	Standing 1 minute	HR	Standing 3 minutes	HR

Please call \_\_\_\_\_\_ if you have any of the following: Systolic (top number) change: Greater than 20 Diastolic (bottom number) change: Greater than 10 Heart Rate change: Greater than 15 beats per minute