

**TUFTS MEDICINE CARE AT HOME
CLINICAL TEAM COMPETENCY
ORTHOSTATIC VITAL SIGNS**

EMPLOYEE _____

STAFF POSITION _____

Date _____

Disciplines Involved: All VNA Professional Clinical Staff

Performance Criteria	Date	*Method of Assessment (✓ all that apply)										Skill met (M) or unmet (U)
		1	2	3	4	5	6	7	8	9	10	
Verbalizes blood pressure and pulse should be measured in both arms in supine, sitting and erect positions when initially evaluating the patient.					X							
Verbalizes placing the patient in a supine position with back and arms supported and legs uncrossed for 5 minutes. If the patient is unable to lie flat, position them in the lowest position of comfort. Measure the blood pressure of upper extremities and measure the pulse for a full minute when patient is supine. Leave cuff on extremity. Instruct the patient to sit up with feet in a dependent position and re-measure blood pressure and take pulse for a full minute. If positive orthostatic symptoms occur while sitting, do not continue to the standing position. If negative for orthostatic symptoms instruct the patient to stand and measure blood pressure and take pulse for a full minute.					X							
Verbalizes that if a significant change in blood pressure or pulse is noted take an additional measure in 2-5 minutes.					X							
Verbalizes that if appropriate, use the assistance of a second person when blood pressure is measured in the standing position to prevent injury.					X							
Verbalizes that crossing the legs elevates systolic blood pressure and unsupported back raises diastolic blood pressure.					X							
Verbalizes that a change from supine to erect position will cause a slight decrease in both systolic and diastolic pressure usually accompanied by a slight rise in pulse rate.					X							
Verbalizes that in postural or orthostatic hypotension, a change from supine to erect position will result in a rapid decrease in systolic pressure greater than 20 mm Hg and the diastolic pressure greater than 10 mm Hg.					X							
Verbalizes that a pulse increase of greater than 20 beats per minute may indicate dehydration.					X							
Verbalizes that common causes of orthostatic hypotension include dehydration, medications, heart problems, diabetes, and nervous system disorders.					X							
Verbalizes orthostatic hypotension can cause dizziness, lightheadedness, blurry vision, nausea, and fainting which may cause the patient to fall.					X							
Verbalizes that subsequent blood pressure readings should be made on the arm with the higher reading.					X							
Verbalizes that the following will be documented in the patient's record: blood pressure and pulse in each position, any signs and symptoms of postural hypotension.					X							
Verbalizes that patient education will be provided as appropriate regarding fall risk/prevention, using teach-back method.					X							

Verbalizes that significant changes in blood pressure or if patient is symptomatic will be reported to the physician.					X							
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Summary Assessment Findings:

- ☐ Knowledge/skill level satisfactory
☐ Knowledge/skill level needs improvement

Specify plan to promote level of competency

Competency reevaluation in: ____6mos. ____1year ____other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

***Method of Assessment Legend**

- | | |
|----------------------------------|-------------------------|
| 1) Review credentials/experience | 6) Post Test |
| 2) Review Cont. Ed./In-services | 7) Team Mts./Case |
| 3) Observation of Performance | 8) Yearly Performance |
| 4) Verbal Review | 9) Review of Self Study |
| 5) Record Review | 10) Other (specify) |