

## **Reducing Symptomatic Postoperative Hypotension in the Extended Stay Patient**

Primary Investigators: Trisha Livesay RN BSN, Karla Peyton RN BSN  
Beltway Surgery Center—Indiana University Health, Indianapolis, IN

**Introduction:** Postoperative patients can exhibit hypotension secondary to anesthesia and blood loss. Patients that are on bedrest for an extended period are more at risk for orthostatic hypotension. These factors can contribute to a higher incidence of hypotensive symptoms when first mobilizing. Orthostatic hypotensive episodes can potentially lead to an increased risk for falls, reduced patient satisfaction, and delayed discharge.

**Identification of the Problem:** There is a higher rate of patients who exhibit hypotensive symptoms in the Overnight Stay Unit where patients are often on bedrest for extended periods.

**Purpose of the Study:** To form a quality improvement plan to reduce the incidence of hypotensive symptoms when mobilizing postoperative patients.

**Methods :** Data was collected over a 3-month period on 156 overnight stay and extended stay patients. Data tracked blood pressures, hypotensive symptoms, along with variables that nurses observed to affect this patient population's incidence of the negative symptoms. These included treating hypotension with an intravenous bolus, raising the head of bed, and assuring patients eat prior to mobilization.

**Results:** Data confirmed that most postoperative patients had a lower blood pressure than preoperatively, indicating that all patients are at risk for orthostatic hypotension and related symptoms. Data also supported the proposed theory that patients whose head of bed was elevated and who ate prior to mobilization were less likely to experience symptomatic hypotension.

**Discussion:** The study was limited because the preventive variables of intravenous bolus, head of bed elevation and eating prior to mobilization were implemented before the study began to give all patients the opportunity for optimal outcomes.

**Conclusion:** Staff was educated on postoperative patients' risk for hypotensive episodes. An improvement plan was implemented to optimize patient safety, patient sense of well-being and satisfaction, along with timely discharge. The plan includes assuring adequate hydration, verifying the patient has eaten, and elevating the head of the bed greater than 60 degrees at least 30 minutes prior to mobilization.

**Implication for Perianesthesia Nurses and Future Research:** Findings from this study can be a guide on actions perianesthesia nurses can perform to promote the best outcomes for mobilizing postoperative patients in extended stay areas.