Nursing Care Plan For Hypotension

Introduction

Hypotension, or low blood pressure, can manifest as dizziness, fainting, or even organ dysfunction if not addressed promptly. For nurses, a well-structured **nursing care plan for hypotension** is essential to ensure timely assessment, targeted interventions, and continuous evaluation. This guide outlines the critical steps and evidence-based strategies that nurses can use to manage patients experiencing low blood pressure effectively.

Understanding Hypotension

What Is Hypotension?

Hypotension refers to a sustained reduction in arterial blood pressure below the normal range. While mild dips can be harmless, severe or persistent hypotension can compromise organ perfusion, leading to symptoms such as light-headedness, blurred vision, or even shock.

Common Causes

- Dehydration or fluid loss from vomiting, diarrhea, or excessive sweating
- Severe blood loss (hemorrhage)
- Medications (beta-blockers, diuretics, ACE inhibitors)
- Heart conditions (arrhythmias, heart failure)
- Endocrine disorders (adrenal insufficiency, hypothyroidism)
- Postural changes (orthostatic hypotension)

Key Components of a Nursing Care Plan for Hypotension

Assessment

1. Measure vital signs, including systolic, diastolic, and mean arterial pressure.
2. Check for orthostatic changes by comparing supine and standing readings.
3. Assess hydration status: skin turgor, mucous membranes, urine output.
4. Review medication history for drugs that lower blood pressure.
5. Identify symptoms such as dizziness, fatigue, or visual disturbances.

Diagnosis

Based on assessment findings, formulate nursing diagnoses such as:

- Risk for decreased tissue perfusion related to hypotension.
- Impaired physical mobility related to dizziness.
- Knowledge deficit concerning fluid management and medication adherence.

Planning

Set specific, measurable goals. For example:

- Maintain systolic blood pressure >90 mmHg within 24 hours.
- Reduce dizziness episodes to zero by the end of the shift.
- Educate the patient on posture changes and fluid intake within 48 hours.

Implementation

- Administer intravenous fluids (e.g., isotonic saline) as ordered.
- Encourage gradual position changes; use pillows to elevate the head of the bed.
- Monitor and adjust antihypertensive medications per physician orders.
- Provide patient education on adequate fluid intake, salt consumption, and medication schedules.
- Implement safety measures: non-slip mats, assistive devices during ambulation.

Evaluation

Reassess vital signs and symptoms after interventions. If goals are not met, revisit the care plan, adjust fluid rates, or consult the medical team for medication review.

Evidence-Based Interventions

Fluid Management

Early fluid resuscitation with isotonic crystalloids can restore circulating volume and improve perfusion. Monitor central venous pressure or use bedside ultrasound to guide fluid therapy, especially in patients with cardiac comorbidities.

Positioning and Mobilization

For orthostatic hypotension, employ the “sit-to-stand” technique: sit for 5–10 minutes before standing. Use compression stockings or abdominal binders if indicated. Encourage slow, controlled ambulation to

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prevent sudden drops in blood pressure.

Medication Management

Review the patient’s medication list for potential hypotensive agents. Coordinate with the pharmacy and physician to adjust dosages or switch to alternative drugs. Document any changes and monitor for rebound hypertension.

Patient Education and Self-Management

Empowering patients with knowledge about hypotension can reduce episodes and improve outcomes. Teach them to: