

International Guidelines for Active Standing Test Procedure

Active Standing Test	Time	Blood Pressure	Heart Rate	Comments
Lying rested				
Standing				
Standing for 3 minutes				
Standing for 10 minutes				
+/- Standing at time of symptoms				

- Rest the patient supine and ensure they are comfortable and relaxed
- Measure supine resting BP and HR at 5 minutes. Note comments (e.g. "relaxed")
- If BP and/or HR are high, leave patient resting supine and relaxing for another 5 minutes and repeat
- Ask patient to stand up promptly once you are happy you have a stable and resting supine BP and HR
- Record the immediate standing BP and HR. This usually takes 30-60 seconds to get a reading on the electronic device. Note any comments (e.g. "felt dizzy for a few seconds")
- Repeat BP and HR after three minutes of standing and again after ten minutes of standing. Note comments (e.g. symptoms or signs)
- If there is an event before 10 minutes, record an extra BP and HR. Note circumstances (e.g. "7 mins, became very pale and dizzy and had to sit down; BP and HR recorded just before patient sat down")

Postural Tachycardia (PT)

In the absence of orthostatic hypotension (OH), postural tachycardia is a rise in HR of ≥ 40 bpm from just before standing, to from 30 seconds to 10 minutes of standing in young people aged 12 - 19 years old. In people 20 years old or more, PT is a rise in HR of ≥ 30 bpm from just before standing, to 30 seconds to 10 minutes of standing. This alone does not diagnose Postural Tachycardia Syndrome (PoTS) which also requires orthostatic intolerance (symptoms on standing up) and chronic disabling fatigue, often accompanied by many other specific symptoms and signs.

Orthostatic Hypotension (OH)

This is a fall in BPs of ≥ 20 mmHg and/or a fall in BPd of ≥ 10 mmHg.

This Active Standing Test is based on international guidelines

1. Brignole M et al. doi/10.1093/eurheartj/ehy037/4939241
2. Sheldon R et al. doi.org/10.1016/j.juhrthm.2005.03.029.

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