

ORTHOSTATIC BLOOD PRESSURE

All residents receiving the following antipsychotic drugs shall have their blood pressure taken at least monthly in the lying position and within 3 minutes in the standing/sitting position. Each reading shall be recorded on the MAR. A drop of 20mm or more between the lying and upright position is indicative of Orthostatic Hypotension and the physician shall be informed.

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| Chlorpromazine | (Thorazine) |
| Promazine | (Sparine) |
| Triflupromazine | (Vesprin) |
| Thioridazine | (Mellaril) |
| Mesoridazine | (Serentil) |
| Acetophenazine | (Tindal) |
| Perphenazine | (Trilafon) |
| Fluphenazine | (Prolixin) |
| Trifluoperazine | (Stelazine) |
| Chlorprothixene | (Taractan) |
| Thiothixene | (Navane) |
| Haloperidol | (Haldol) |
| Molindone | (Moban) |
| Loxapine | (Loxitane) |
| Clozapine | (Clozaril) |
| Risperidone | (Risperdal) |
| Olanzapine | (Zyprexa) |
| Quetiapine | (Seroquel) |
| Aripiprazole | (Abilify) |
| Ziprasidone | (Geodon) |
| Asenapine | (Saphris) |
| Paliperidone | (Invega) |
| Iloperidone | (Fanapt) |