

Name: _____

DOB: _____

Date of Assessment: _____



10 Minute Standing Test	BP	HR
Lying (5-10 minutes full rest)		
Standing 1 minute		
Standing 2 minutes		
Standing 3 minutes		
Standing 4 minutes		
Standing 5 minutes		
Standing 6 minutes		
Standing 7 minutes		
Standing 8 minutes		
Standing 9 minutes		
Standing 10 minutes		
Delta Heart Rate (Max HR – Lying HR after 5 minutes)		
Is the delta Heart Rate >30 bpm or absolute HR >120 bpm *		Yes/No
Is there an absence of blood pressure drop >20/10 mmHg in first 3 minutes?		Yes/No
Have confounding conditions been treated (anaemia, dehydration, thyroid, malnutrition)?		Yes/No
Have the symptoms persisted for longer than 3 months?		Yes/No
If you answered yes to ALL of these questions, this patient most likely has POTS. Proceed to the following questions.		
Does this patient have conditions contraindicated to salt and water loading?		Yes/No
Does this patient have frequent episodes of syncope?		Yes/No
Does this patient have significant functional decline such as work/education absenteeism?		Yes/No
If you answered yes to any of these questions, advise on lifestyle changes that are appropriate and refer for opinion from a POTS aware specialist. Consider implementation of a <i>Team Care Arrangement</i> and refer to a multidisciplinary POTS aware team for management. **		

* While POTS is diagnosed when the delta HR is >30 bpm, the condition fluctuates and is diurnal in nature. Consider repeat assessments or HR tracking through an app. if there is a high clinical suspicion of POTS.

Lifestyle management for POTS and autonomic dysfunction:

1. Fluid load 2-3 litres daily. (Electrolyte drinks with low sugar for supplementation.)
2. If not contraindicated increase salt to 10-12 g daily.
3. Use >15-20 mmHg grade compression from ankle to waist if tolerated. Abdominal binders may also be of benefit.
4. Reduce exposure to heat, humidity and postural positions that require extended orthostasis.
5. Avoid and reduce intake of diuretic medications and beverages.
6. Advise a diet with smaller, more frequent portions. Lower carbohydrate to reduce post prandial symptoms. Where there are obvious allergies, frequent diarrhoea/constipation or eating disorders – refer to POTS aware dietician for guidance.
7. Put management strategies in place for allergy/atopy such as asthma, food allergies, rashes, hay fever and hives.
8. Recumbent stepwise movement program (under the guidance of a "POTS aware" exercise physiologist or physiotherapist).
9. ** Please see the Australian POTS Foundation 'Clinician Directory' for local 'POTS Aware' practitioners and patient resources.