

Summary Sheet

Passive Leg Raise

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YORK TEACHING HOSPITALS NHS FOUNDATION TRUST

The passive leg raise transiently increases venous return in patients who are preload (fluid) responsive. The PLR is a diagnostic test and not a treatment for relative hypovolaemia.

Method

1. Place and secure the arterial transducer on the patients arm at the level of the 4th or 5th intercostal space (approximately at the level of the nipple) and in the mid axillary line.
2. Sit the patient upright at 45 degrees in the semi recumbent position with their legs completely flat.
3. Wait 2 minutes for stabilization of the signal and then record stroke volume from the EV 1000 (pre procedure stroke volume).
4. Using the bed controls lower the patient's body to horizontal so that the legs are passively raised to 45 degrees.
5. Wait for 90 seconds and record stroke volume (post procedure stroke volume).
6. Return the patient to the semi recumbent position.



Semi-recumbent position



Passive leg raising