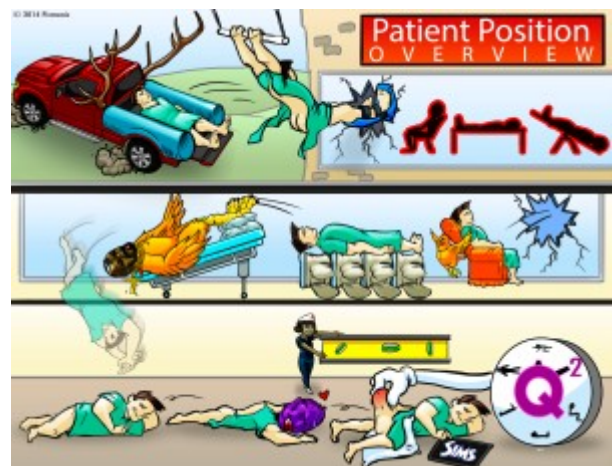


Patient Position Overview

Positioning a patient properly is an essential nursing care for the patient. Some positions are required for procedures while others are required that promote healing. It is vital that the patient's safety comes first and proper communication takes place before moving the patient. Perform a safety check on all equipment and make sure lines will not interfere with the procedure.



PLAY PICMONIC

Position Techniques

Trochanter Roll

[Truck-antlers with Trochanter Roll](#)

This technique prevents external rotation of the hips when a patient is in a supine position. A rolled up towel is placed slightly underneath each hip.

Trapeze Bar

[Trapeze-artist on Trapeze Bar](#)

This device can be placed over the bed to aid the patient in position changes, transfers, or performing upper-extremity exercises.

Ankle-Foot Orthotic (AFO) Devices

[Guy with AFO](#)

AFO devices help prevent foot drop, which is also known as the insufficient ability to dorsiflex the foot. Foot drop can be debilitating and cause gait abnormalities. To aid in keeping the patient in an anatomical position, AFO devices can be used.

Positions

Fowlers Position

[Supported Fowl in Fowler's Position](#)

Semi-Fowler's, Fowler's, and high-Fowler's. In Fowler's position the head of the bed is elevated to 45 to 60 degrees. A pillow is placed under the knees to keep them slightly flexed. The patient's condition and illness will determine the angle of the head of the bed. If there is no restriction, then placing the patient in a position of comfort is best. The position is used to improve ventilation and also chest tube drainage. Remember that there is also semi-Fowler's (HOB 30°), and high Fowler's (HOB 90°).

Supine Position

[Spine Position](#)

The patient is placed flat on his or her back. Might be required for a patient to stay in this position after a spinal injury or after certain procedures. Use trochanter rolls and pillows to aid in patient comfort and relieve pressure points.

Trendelenburg

[T-bird in Trendelenburg Position](#)

Trendelenburg is accomplished by lowering the head of bed below the feet. This can be done for patients with severe hypotension and/or shock. By lowering the HOB there is a shift of intravascular volume from the lower extremity and abdomen to the upper part of the body.

Side-Lying Position

[Side-Lying Position](#)

Used when turning patients to avoid pressure ulcers. Prevents supine vena cava syndrome in pregnancy. Increases uterine and renal perfusion during pregnancy. Maintain body alignment in a lateral position at about 30 degrees.

Prone Position

[Prone Position](#)

In this position the patient lies face down. A pillow can be placed under the lower legs to promote dorsiflexion. A thin pillow can be used to prevent hyperextension of the neck.

Sims' Position

[Sims-game in Sims' Position](#)

Also known as semi-prone position. The patient is on their side lying partially on their abdomen. This is used when administering enemas or suppositories.

Nursing Considerations

Reposition q2 Hours/Prevent Skin Breakdown

[Repositioned every 2 hours Q-clock Preventing Skin Breakdown](#)

Frequent repositioning of the patient is imperative to prevent skin break while a patient is in the hospital. It is standard practice to have a hospitalized patient be turned every two hours to adequately keep blood flow to the skin. Every time a patient is turned, assess the skin for breakdown. Using pillows will decrease high pressure point areas, such as bony prominences.

Confirm Body Alignment

[Checking Body Alignment](#)

Make sure the patient is in an aligned in an anatomic position and not lopsided. To prevent decrease in mobility of a joint make sure all joints are supported and are in a slightly flexed position. Daily exercise is required to prevent muscular atrophy from occurring while in the hospital.