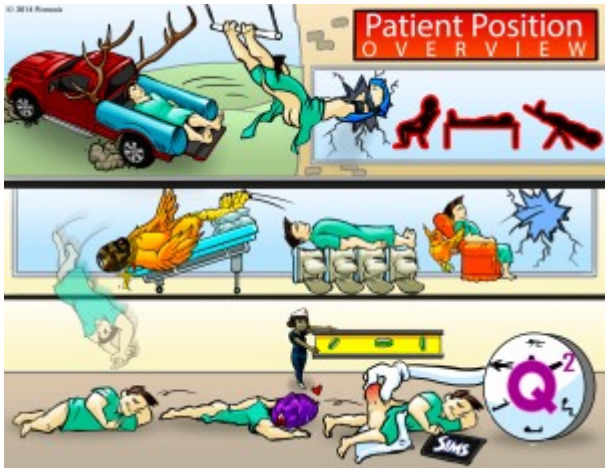
Patient Position Overview

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.



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Position Techniques

Trochanter Roll

Truck-antlers with Trochanter Roll

This positioning technique utilizes a rolled towel or other cylindrical devices to limit external rotation of the hips with the patient in a supine position. The roll or device is placed and temporarily secured at the level of the greater trochanters bilaterally (external 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,” or inability of the patient to maintain dorsiflexion of the foot while supine due to conditions like fatigue, neuromuscular weakness or injury. An AFO device is applied externally to the foot and ankle to promote continuous dorsiflexion and prevent foot drop.

Positions

Fowlers Position

Supported Fowl in Fowler's Position

In Fowler’s position the head of the bed is elevated to 45 to 60 degrees with placement of a pillow under the knees for flexion and comfort. The patient’s condition and illness determine tolerance of the position. For example, an obtunded or sedated patient may not be a good candidate for fowler's position unless certain safety and therapeutic standards are considered, such as how they can protect their airway or decrease the chance of falls from the bed. This position is used to improve ventilation and can improve drainage from thoracostomy (chest tube) drainage. Remember, there are also semi-Fowler's (HOB 30°) and high Fowler's (HOB 90°) positions.

Supine Position

Spine Position

The patient is placed flat on his or her back with consideration toward both comfort and limitation of certain movement. Patients placed on long spine boards during transport are often in the supine position to limit spinal manipulation following a traumatic event, like a motor vehicle accident (MVA). 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 the bed below the feet while the patient maintains a supine position. Certain procedures, like central venous catheter placement or lower abdominal surgeries recommend placement of the patient in Trendelenburg. Also, reverse Trendelenburg is the opposite position where the feet are lower than the head with continued supine positioning of the patient.

Side-Lying Position

Side-Lying Position

The patient is placed in a side-lying position with support of the head by a pillow or arm and possible placement of a pillow between the thighs. This position is often used for pregnant mothers during sleep to prevent supine vena cava syndrome. It is also an optimal position of comfort for mothers breastfeeding their newborns and infants.

Prone Position

Prune Position

In this position the patient lies face down with their head turned to the side or placed in a "face cradle" in the mattress. A pillow can be placed under the lower legs and ankles to promote dorsiflexion of the feet. A patient's body habitus, such as the presence of a large, round abdomen may require additional positioning and use of devices or aids to optimize the patient's prone position.

Sims' Position

Sims-game in Sims' Position

Also known as semi-prone position and akin to the side-lying position. The patient is positioned on their side lying partially on their abdomen with the upper leg "propped" forward for comfort. This position is often used when administering enemas or suppositories due to the accessibility of the rectum for the clinician.

Nursing Considerations

Reposition q2 Hours/Prevent Skin Breakdown

Repositioned every 2 hours Q-clock Preventing Skin Breakdown

Frequent repositioning of an immobile and/or bedridden patient is imperative to prevent skin break while a patient is in the hospital. A recommendation is for the patient to be turned to a different position or side every two hours for improved position, comfort and to decrease decubiti (skin breakdown) formation. During and following repositioning, it is good practice to assess the previous area of pressure and skin for any possible decubitus or injury. Using pillows to relieve pressure point areas, such as around bony prominences like the patient's heels or buttocks, can also help promote comfort and decrease the risk of decubiti formation.

Confirm Body Alignment

Checking Body Alignment

Assessing proper conformity of the patient to the intended patient position is important for the clinician, and repositioning may be needed periodically to help assure proper positioning. Good communication and documentation of the patient's positioning, both intended and realistic, facilitates an effective approach to improve patient safety.