Guideline at a Glance: Positioning

The AORN Guideline at a Glance is a key component of the Guideline *Essentials*, a suite of online implementation tools designed to help the perioperative team translate AORN's evidence-based guidelines into practice. Each Guideline at a Glance highlights important elements of the full guideline and includes images, implementation steps, and the rationale for why these steps are important to promote safety and optimal outcomes for patients undergoing operative and other invasive procedures. Facilities can provide team access to the entire set of Guideline *Essentials* through a subscription to the multiuser, online edition (eSubscription) of the AORN *Guidelines for Perioperative Practice.* Individuals can obtain the same access through a subscription to the AORN Guideline eBook Mobile App. For more information about the complete set of implementation tools included in the Guideline *Essentials,* visit *https://www.aorn.org/guidelines/purchase-guidelines/guideline-essentials.*

PREOPERATIVE ASSESSMENT

- Conduct an assessment of the factors related to the surgery:
  - type of procedure
  - estimated length of the procedure
  - ability of the patient to tolerate the anticipated position
  - amount of surgical exposure required
  - anesthesia professional's access to the patient
  - procedural position and positioning devices required
- Conduct a pressure injury risk assessment that includes:
  - age
  - nutritional status
  - laboratory test values
  - comorbidities affecting tissue perfusion
  - skin condition
  - ASA physical status classification
  - body mass index
  - peripheral pulses
- Assess patient-specific risk for positioning injury:
  - critical devices (eg, catheters, drains)
  - jewelry or body piercings
  - braided hair, hair accessories, or hair extensions
  - superficial implants (eg, dermal, iris)
  - implanted devices (eg, pacemaker, chemotherapy port)
  - prosthetics or corrective devices

Patient assessment is a critical responsibility to help prevent injury related to patient positioning. Identifying a patient's risk for positioning injury and developing a plan of care is necessary for implementing preventive interventions.

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SURFACES AND DEVICES

- Determine equipment and devices to be used based on the planned procedure, surgeon's preferences, and risk factors.
- Confirm the availability of required positioning equipment when the procedure is scheduled.
- Use positioning equipment and devices that have the weight and size capacities necessary for safe movement of the patient.
- Verify the cleanliness, surface integrity, and correct function of positioning equipment, devices, and support surfaces before use.
- Use equipment and devices designed for positioning in accordance with the manufacturer's instructions for use.
- Position the patient on a surface that is smooth and wrinkle-free.
- Position the patient on surfaces that redistribute pressure.
- Place positioning devices beneath the patient and not beneath the mattress or overlay.
- Use additional pressure-redistributing padding to support the patient and redistribute pressure from bony prominences and other pressure points.
- Apply prophylactic dressings to bony prominences (eg, heels, sacrum) or other areas subjected to pressure, friction, and shear.
- Do not position the patient on a warming blanket.
- Do not use towels, sheets, or blankets as positioning devices.

Patients and health care workers are at risk for injury if positioning equipment and devices and support surfaces are not used correctly. Patients should be positioned on surfaces that reduce the potential for pressure injury.

GENERAL POSITIONING PRACTICES

- Have an adequate number of personnel, devices, and equipment available during positioning activities to ensure patient and personnel safety.
- Respect the patient's dignity and privacy during positioning.
- Maintain the patient's head and neck in a neutral position without extreme lateral rotation.
- Position the patient's head to reduce scalp pressure during the procedure.
- Protect the patient's eyes.
- Make sure the patient's neck is not hyperextended for prolonged periods.
- Verify the patient's body is in physiologic alignment.
- Prevent the patient's body from contacting metal portions of the OR bed.
- Monitor the position of the patient's hands, fingers, feet, and toes during positioning, including when changes are made to the configuration of the bed.
- Apply monitoring devices in a way that allows the device to function effectively without nerve, tissue, or circulatory compression.
- Verify placement, tightness, and security of safety restraints after positioning or repositioning.
- Assess the patient's pulses after securing safety straps to verify adequate perfusion.
- Confirm the correct patient position and positioning equipment during the time out.
- Monitor the patient's position during the procedure.
- Use intraoperative neurophysiological monitoring to identify potential positioning injuries.
- Implement repositioning interventions to redistribute pressure, if possible.

Surgical patients are at increased risk for injury caused by compression or stretching of tissues during positioning. The patient who is sedated or anesthetized may not be able to communicate or sense numbness, tingling, tissue temperature changes, or mobility limitations.