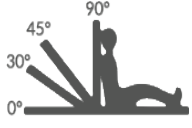












PATIENT POSITIONING

| POSITION | WHAT | WHEN | NURSING CONSIDERATIONS |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>High-Fowler's</p> | <p>HOB 60-90° with the patient sitting up in bed. Knees can be bent or straight.</p> | <p>Used during episodes of respiratory distress, when inserting a nasogastric tube, and during oral intake with feeding/aspiration precautions</p> | <p>This may be uncomfortable to maintain for an extended period. A patient may slump over if they lack the strength to stay sitting upright. Repositioned every 2 hours to prevent skin breakdown. High-Fowler's places quite a bit of pressure on the coccyx. May need to float heels to prevent pressure injury.</p> |
|  <p>Fowler's</p> | <p>HOB 45-60° with the patient sitting up in bed. Patient lying on their back in bed, with HOB reclined</p> | <p>Facilitates chest expansion - it is helpful with patients who are having difficulty breathing. Used during tube feeding administration because it facilitates peristalsis while minimizing aspiration risk. Used in postpartum period to facilitate excretion of lochia. Simply a comfortable position.</p> | <p>Minimal concerns. May need to float heels to prevent pressure injury. Knees can be bent or straight, may be called Standard Fowler's.</p> |
|  <p>Semi-Fowler's</p> | <p>HOB 15-30° with patient lying on their back</p> | <p>Necessary in some neurological and cardiac conditions, after procedures or surgeries to facilitate hemostasis at the insertion site or drainage from various drains.</p> | <p>If a patient has continuous tube feeding infusing or trouble managing secretions, aspiration is a risk with prolonged 30° positioning. May need to raise HOB to 45°. May need to float heels to prevent pressure injury.</p> |
|  <p>Supine</p> | <p>HOB flat, patient on back</p> | <p>Post cardiac catheterization procedures to maintain hemostasis at insertion site, frequent position for many surgeries in the post-op phase</p> | <p>Many pressure points (including the top of toes from the sheet,) therefore you must be diligent in turning patient. May be uncomfortable to maintain. Increases apnea in OSA. Avoid after 1st trimester of pregnancy due to the added pressure on vena cava and subsequent hypotension.</p> |
|  <p>Prone</p> | <p>HOB flat, patient on stomach with head to one side</p> | <p>Not used frequently; use as a therapeutic measure in advanced ARDS, during and after some surgeries</p> | <p>Not comfortable for long, difficult for full respiratory expansion, not easy to put a patient into this position (especially if they have multiple lines and tubes)</p> |

PATIENT POSITIONING

| POSITION | WHAT | WHEN | NURSING CONSIDERATIONS |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Trendelenburg</p> | Flat on back, feet raised higher than head by 15-30° | During CVC (subclavian or IJ) placement, if an air embolism is suspected as it traps air in the right ventricle. Can convert supraventricular tachycardia with a valsalva maneuver. Used to increase perfusion. Not ideal with increased ICP. Uncomfortable. | Frequently used by nurses during instances of hypotension, however evidence does not support this practice. Current recommendations are to use a passive leg raise to give a small bolus to the patient from their own circulation in legs. |
|  <p>Reverse Trendelenburg</p> | Flat on back, head raised higher than feet by 15-30° | For some surgeries or procedures, pre-surgery intervention for some vascular surgeries, may be used to facilitate respirations in patients who need to lay flat post-procedure, reduces GERD symptoms | Somewhat uncomfortable, if patients are confused it might be difficult to maintain them safely in this position for long periods |
|  <p>Dorsal Recumbent</p> | Flat on back, knees bent, rotated outwards, feet flat on the bed (head/shoulders typically on a pillow) | During or after various surgeries, for comfort | Minimal concerns. This is a common position of comfort for many patients. |
|  <p>Lateral</p> | On side, top knee and arm flexed and supported by pillows | Relieves pressure on sacrum, great for patients who are immobile as it is typically quite comfortable and provides good spine alignment, supporting and off-loading common pressure points | Minimal concerns. May specify a side, "place the patient in left lateral position" |
|  <p>Sim's</p> | Halfway between lateral and prone | Occasionally used with unconscious patients as it facilitates drainage of oral secretions, pregnancy, during enemas, for patients who are paralyzed as it takes pressure off of the hip and sacrum | Must remember to turn patient on schedule |
|  <p>Orthopneic</p> | Sitting at the side of the bed, leaning over a table | Facilitates respiratory expansion, makes it easier to breathe in patients with respiratory difficulty, and used during a thoracentesis | Ensure patient can safely sit back in bed; don't leave unattended if a fall risk and sitting at the side of the bed |