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POSITIONING



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P indicates a recommendation or evidence relevant to pediatric care.

MEDICAL ABBREVIATIONS & ACRONYMS

AANA – American Association of Nurse Anesthetists
ASA – American Society of Anesthesiologists
AWHONN – Association of Women's Health, Obstetric and Neonatal Nurses
BMI – Body mass index
CK – Creatinine kinase
CPAP – Continuous positive airway pressure
CPR – Cardiopulmonary resuscitation
DVT – Deep vein thrombosis
EPUAP – European Pressure Ulcer Advisory Panel
ETCO₂ – End-tidal carbon dioxide
FDA – US Food and Drug Administration

IFU – Instructions for use
IV – Intravenous
MAUDE – Manufacturer and User Facility Device Experience
NPUAP – National Pressure Ulcer Advisory Panel
OR – Operating room
PAO₂ – Pressure of oxygen in arterial blood
PPPIA – Pan Pacific Pressure Injury Alliance
RCT – Randomized controlled trial
RN – Registered nurse
SSEP – Somatosensory evoked potential
TcMEP – Transcranial electrical motor evoked potential
VAE – Venous air embolism

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GUIDELINE FOR POSITIONING THE PATIENT

The Guideline for Positioning the Patient was approved by the AORN Guidelines Advisory Board and became effective May 1, 2017. It was presented as a proposed guideline for comments by members and others. The recommendations in the guideline are intended to be achievable and represent what is believed to be an optimal level of practice. Policies and procedures will reflect variations in practice settings and/or clinical situations that determine the degree to which the guideline can be implemented. AORN recognizes the many diverse settings in which perioperative nurses practice; therefore, this guideline is adaptable to all areas where operative or other invasive procedures may be performed.

Purpose

This document provides guidance to perioperative team members for positioning patients undergoing operative and other invasive procedures in the perioperative practice setting. Guidance is provided for

- demonstrating respect and privacy during patient positioning;
- conducting preoperative and postoperative nursing assessments specific to patient positioning;
- identifying, selecting, maintaining, and using positioning equipment and devices;
- selecting and using pressure-redistributing support surfaces and prophylactic dressings to prevent pressure injury;
- using neurophysiological monitoring to identify and prevent potential positioning injuries;
- implementing safe practices for positioning patients in the supine, Trendelenburg, reverse Trendelenburg, lithotomy, sitting and semi-sitting, lateral, and prone positions and modifications of these positions;
- implementing safe practices for positioning patients who are pregnant or obese;
- documenting patient positioning and positioning-related activities;
- planning education and verifying competency of personnel responsible for patient positioning;
- developing policies and procedures related to patient positioning; and
- implementing quality improvement programs related to patient positioning.

A discussion of positions or devices used for anesthesia administration, positions for cardiopulmonary resuscitation (CPR), and positions that are preferred or modified for specific procedures are outside the scope of this document. Recommendations for patient moving and handling, trans-

port, transfer, and fall prevention are also outside of the scope of this document. Guidance for preventing deep vein thrombosis (DVT) is outside of the scope of this document; however, because some mechanical methods of DVT prophylaxis are inherently associated with patient positioning, guidance is provided relative to the use of mechanical DVT prophylaxis in combination with specific positions. Guidance related to positioning for robotic procedures is included with the relevant recommendation. There are a vast variety of surgical positions and of positioning equipment and devices, and it would not be possible to address them all in this document; therefore, the information in this guideline is limited to the most commonly used positions and positioning equipment and devices.

Positioning patients is one of the most important tasks performed by perioperative personnel^{1,2} and is the responsibility of all members of the surgical team.²⁻⁵ The goals of patient positioning include

- providing exposure of the surgical site⁶;
- maintaining the patient's comfort and privacy;
- providing access to intravenous (IV) lines and monitoring equipment;
- allowing for optimal ventilation by maintaining a patient airway and avoiding constriction or pressure on the chest or abdomen;
- maintaining circulation and protecting muscles, nerves, bony prominences, joints, skin, and vital organs from injury;
- observing and protecting fingers, toes, and genitals; and
- stabilizing the patient to prevent unintended shifting or movement.

Positioning the patient is a team effort that includes the perioperative registered nurse (RN), the anesthesia professional, the surgeon, and other perioperative personnel (eg, first assistants, assistive personnel).^{1,5,7-9} As patient advocates, perioperative team members are responsible for maintaining the patient's autonomy, dignity, and privacy and for representing the patient's interests throughout the procedure.¹⁰ Some elements of patient positioning are core to anesthesia practice; therefore, the ability of the perioperative team to support the activities of the anesthesia professional is essential. All perioperative team members involved in positioning activities are responsible for

- understanding the physiologic changes that occur during operative and other invasive procedures^{9,11-14};
- evaluating the patient's risk for injury based on an assessment of identified needs and the planned operative or invasive procedure^{9,13};
- anticipating the surgeon's requirements for surgical access;
- gathering positioning equipment and devices;