**PATIENT POSITIONING**

**Patient positioning** involves properly maintaining a patient’s neutral body alignment by preventing hyperextension and extreme lateral rotation to prevent complications of immobility and [injury](https://nurseslabs.com/risk-for-injury/).

**Goals of proper patient positioning**

• Maintain the patient’s privacy and

comfort.

• Provide exposure to the surgical site.

• Provide access to intravenous (IV)

lines and monitoring equipment.

• Stabilize the patient to prevent

unintended shifting or movement.

• Observe and protect fingers, toes,

and genitals.

• Allow for optimal ventilation

• maintain a patent airway

• avoid constriction or pressure on

the chest or abdomen

• Maintain circulation.

• Protect muscles, nerves, bony

prominences, joints, skin, and vital

organs from injury**.**

**Objectives**

The perioperative RN and other team members

will have increased their knowledge of safe

patient positioning practices to implement in a clinical practice setting

• The perioperative RN and other team members

will be able to identify risk management

strategies to implement in clinical practice to

prevent perioperative pressure injuries and patient positioning injuries.

**Assessment**

The team should assess the following prior to positioning the patient;

* Procedure length.
* Surgeon’s prefaence of position.
* Required position for procedure.
* Anaesthesia to be administered.
* Patient’s risk factors such as age,pre existing conditions and weight
* Patient’s privacy and medical needs.

**Positions**

The basic surgical positions are;

* Supine
* Lateral
* Prone
* Lithotomy

Variations include;

* Trendelenburg
* Reverse Trendelenburg
* Flower's
* Jacknife
* High Lithotomy
* Low Lithotomy
* Orthopneic
* Knee Chest