HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER

SUBJECT: V-101 POSITIONING THE PATIENT IN THE OPERATING ROOM	**POLICY #**: 1197 **VERSION:** 1
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PURPOSE: To provide guidelines to the Ambulatory Surgery Center (ASC) staff on how to maintain a physiologic and anatomically safe environment for the patient, through proper intra-operative positioning, necessary to achieve optimum exposure during the operative procedure.

POLICY: All patients will be positioned on the procedure bed in a manner that provides the best possible exposure of the operative site, with the least compromise in both physiological functions and mechanical stress to points and other body parts. During the positioning, the nursing staff will assess and maintain patient body alignment and tissue integrity.

PROCEDURE:

I. ROLES AND RESPOSIBILITIES

A. **ALL OPERATING ROOM (OR) TEAM MEMBERS:** Proper positioning of the surgical patient is a shared responsibility of the operative team. Each member should know and understand their interdependent responsibilities. All are patient advocates and are to be aware of the significance of preserving the privacy of the patient.

When positioning a patient, the OR team must take into consideration the following:

1. The surgical procedure.
2. The surgeon’s preference.
3. The anesthesiologist/CRNA’s needs and/or concerns.
4. Preservation of patient’s privacy and avoidance of over exposure of unnecessary exposure.
5. Physiological effects of positioning on the awake and anesthetized patient.

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6. Effects of positioning on the anatomical structures (i.e. neuromuscular, skeletal, circulatory, respiratory and integumentary systems).

7. Need to avoid shearing when repositioning of the patient is required.

B. **SURGEON**

1. Determines the position that is the most advantageous for optimal operative exposure.

2. Decides on the position that will be best tolerated by the patient, following and in consultation with the Anesthesia team.

C. **ANESTHESIOLOGIST/CRNA**

1. Monitors and maintains the physiological functions

2. Coordinates and executes implementation of the surgeon's request for intra-operative position changes as tolerated by the patient.

3. Indicates to the other team members when initiation of positioning is safe for the patient.

4. Observes patient frequently for possible pressure on known sites of compression neuropathy and for inappropriate skin/eye pressure.

5. Takes appropriate actions; informs other team members of any problems; relieves excessive pressure.

D. **NURSING**

1. Uses the principles of physics and knowledge of anatomy and physiology in the movement of the patient's body parts.

2. Provides for the proper padding and protection of vital anatomic structures.

3. Engages in an ongoing assessment of the patient's position throughout the intra operative period.

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4. Communicates and coordinates with the other team members to maintain a safe environment for the patient, and to have sufficient personnel for safe movement of the patient.

II. GENERAL STANDARDS

During the preoperative assessment, the RN Circulator will identify unique patient considerations that require additional precautions for procedure specific positioning. Any pertinent information will be communicated with the perioperative team.

A. The RN Circulator will perform, before transferring the patient to the procedure bed, a perioperative assessment for the positioning needs, which will include but is not limited to:

1. Preoperative neuropathies, preexisting conditions, and/or disease
2. Physical limitations
3. Age
4. Height and weight
5. Skin conditions
6. Nutritional status
7. Procedure type and position
8. Anticipated length of procedure
9. Presence of jewelry and/or body piercing accessories, which must be removed before positioning or transferring to the OR suite.
10. Presence of prosthetics or corrective devices.
11. Presence of implanted devices.

B. Positioning devices should be readily available, clean, and in proper working order before placing the patient on the procedure bed.

1. Equipment is used and maintained according to the manufacturer’s written instructions.

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2. Specific positioning devices should be provided for patient safety for each surgical position and its variations. These may include, but are not limited to:

    a. Support for head, arms, shoulders, chest. Iliac crest, and lumbar area.

    b. Padding for pressure points (i.e. head elbows, knees, ankles, heels, and sacral area)

    c. Securing devices (i.e. safety belts, tape, kidney rests, and bean bags)

    d. Procedure bed and equipment (i.e. headrests/holders, overhead arm supports, stirrups, and footboards)

3. Personnel should be familiar with the equipment to help prevent patient injury from improper application and/or use.

4. All equipment should be tested before use to help ensure patient safety and to minimize anesthesia and operative time.

C. Safety considerations are important for, but are not limited to, the following positions:

1. Supine

2. Prone

3. Lateral

4. Lithotomy

5. Variations of the above

D. **During positioning**, the RN circulator should monitor patient body alignment and tissue integrity.

1. The number of personnel and/or devices should be adequate to safely transfer and/or position the patient.

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2. RN circulator will actively participate in the safely positioning the patient under the direction of and in collaboration with the surgeon and anesthesia team.

3. RN circulator confirms that the patient's legs are not crossed during transfer and positioning.

4. When applicable, location of the patient's fingers will be confirmed to ensure they are in a position that is clear of procedure bed breaks or other hazards.

5. Safety restraints are applied carefully to avoid nerve compression injury and compromised blood flow.

6. The patient's body is to be protected from coming into contact with metal portions of the procedure bed.

7. The patients head and upper body should be alignment with the hips and the head should be placed in a neutral position place on a headrest.

E. **After positioning**, the RN Circulator will assess the patient's body alignment, tissue integrity and skin integrity.

1. Evaluation should include, but not be limited to, the following systems: Respiratory, Circulatory, Neurological, Musculoskeletal, and Integumentary.

2. After repositioning or any movement of the patient, procedure bed, or device that attach to the procedure bed, the patient should be reassessed for body alignment and tissue integrity.

3. If anticipated length of procedure is longer than three (3) hours, assessment and reassessment should be ongoing and repeated as often as necessary.

4. If personnel changes occur, any unusual situations or events should be communicated (report given) to the relief staff.

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F. ROUTINE POSITIONS

1. SUPINE:

a. Arms should be tucked to the side or placed on a padded arm board palms up avoiding hyperextention (>90° abduction) of the brachial plexus. If using a draw sheet to secure the patient's arms at their side, the sheet must extend above the elbows and should be tucked between the patient and the procedure bed mattress (arms in neutral position, slightly flexed at the elbows, wrist in neutral position and palms facing inward).

b. The ankles should not be crossed.

c. The elbows and head are padded.

d. Safety straps are across the thighs and wrists (if arms are on arm boards).

2. PRONE:

a. The patient is placed on chest rolls to protect against circulatory and respiratory compromise.

b. The head is not turned to the extreme right or left.

c. Patient's breast and male genitalia are to be positioned in a way that frees them from torsion or pressure.

d. Patient's toes should be positioned to allow them to hang over the end of the bed or to be elevated off the bed by placing padding/pillow under the shins. Padding used for pressure points.

e. Arms are placed down by the patients sides or each arm is placed on a padded arm board with the arms abducted to <90 degree, elbows flexed and palms facing downwards. The axillae are supported.

f. Safety strap is across the lower thighs.

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3. **LATERAL:**

   a. Patient's spinal alignment is to be maintained during the turning.

   b. Dependent leg should be flexed for support.

   c. Patient's straight upper leg is to be padded and supported with pillows between the legs.

   d. Padding should be used under the patient's dependent knee, ankle and foot.

   e. A head rest or pillow will be placed under the patients head to keep the cervical and thoracic vertebrae aligned.

   f. Patient's dependent ear is to be assessed to ensure that it is not folded and the ear should be well padded.

   g. Arms are to be secured and supported with the dependent shoulder positioned slightly forward.

   h. An axillary roll is used.

   i. An eggerate mattress, or beanbag, can sometimes be used in addition to the padding.

   j. The safety strap is across the hips.

   k. The kidney rest on the OR bed should never be elevated.

4. **LITHOTOMY:**

   Standard Lithotomy: The legs are in any type of stirrups with the hips flexed from 40° to 90°. Abduction of the legs from midline usually varies from 40° to 50°.

   Low Lithotomy: The legs are fitted in boot-type stirrups with the hips flexed no more than 40°. The legs are abducted only enough to allow access to the perineum (30° to 40° from midline).

   a. When positioning the patient into and out of the lithotomy position, a minimum of 2 caregivers is needed to lift legs.

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b. The legs can be in candy cane, boot-type, Allen, or other approved stirrups for lithotomy position.

c. The padding for pressure points is tailored depending on which type is used.

d. Arms should be on arm boards (refer to **SUPINE**).

e. The sacrum should be padded, but no firm bump should be placed under the sacrum.

f. Stirrups are to be placed at an even height.

g. Patient's buttocks should be even with lower break or the OR bed.

h. Legs are to be moved slowly and simultaneously into leg holders.

i. Legs are to be removed from stirrups slowly and brought together simultaneously before lowering the legs to the bed surface then removing legs from leg holders.

j. Arms placed on padded arm boards extended <90 degrees from the long axis of the procedure table, palms up and gently secured with straps.

k. When necessary to tuck arms at patient's side, the elbows should be padded and palms are to be facing in towards the patient's body.

l. Legs are not to rest against the stirrups posts.

m. Scrubbed personnel are not to lean against the patients thighs.

G. **INFREQUENT POSITONS**

1. Examples include jackknife and extreme lithotomy.

2. Standard anatomic and physiologic alignment precautions taken so as not to compromise the neurovascular and circulatory systems.

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3. Any pressure points (bony prominences) are to be padded.

4. These unusual infrequent positions should be identified prior to the day of surgery.

5. These extreme positions must be interrupted every two hours to let the legs down for five minutes. During this time the legs and bony prominences should be examined.

6. Specific Situations:

   a. **JACKKNIFE:** The guidelines listed above for prone position should be followed. In addition, padding is placed under the hips and the arms are flexed on arm boards' palms down with support under the elbow and axilla.

   b. **HIGH OR EXAGGERATED LITHOTOMY:** Involves hip flexion >90°. Some patients may also have kneed flexion. All precautions for routine lithotomy must be taken except a boot-type stirrup must be used. In addition, the feet, ankles, and popliteal fossa must be protected since there is the potential for major neurovascular compromise in the groin with femoral nerve entrapment. Raising and lowering the legs slowly and simultaneously, monitoring the external rotation, flexion, and rotation may help compensate for venous return and prevent joint and nerve damage.

H. **DOCUMENTATION:**

Patient care (including evaluation and assessment and use of positioning devices) will be documented by the RN circulatory. This will include but not limited to:

1. General condition of the patient.

2. Tissue integrity.

3. Pre Op assessment, including a description of the patient's overall skin condition on arrival and discharge from the perioperative suite.

4. Type and location of positioning equipment.

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5. Name and titles of persons participating in the positioning of the patient.

6. Patient's position and new position if prepositioned.

7. Post Op assessment for injury related to positioning.

8. Report given to relief staff, if needed.

I. GENERAL CONSIDERATIONS

1. RN circulator is to monitor the patient for external pressure from surgical team members leaning against the patient's body.

2. RN circulator will communicate with the surgical team about the position of the surgical instruments, mayo stands or other items placed on or over the patient through the procedure.

3. RN circulator is to reassess the patient's body alignment, placement of the safety strap and the placement of all padding after repositioning of any movement of the patient, OR bed, or any equipment that attaches to the OR bed.

4. RN circulatory will collaborate with the postoperative nurse to identify any patient injury due to intra operative positioning

J. COMPLIANCE

1. The RN circulator is the designated timekeeper.

2. If a physiologic and/or anatomically unsafe environment develops, or if two (2) hours have lapsed for a patient in high or exaggerated lithotomy position, the RN circulator must immediately inform the anesthesiologist and the surgeon of the situation and the need to rectify it. If there is no response, the chain of command through the Supervising Nurse and the ASC Nursing Director should be followed. Repeated failure to recognize an unsafe environment or to respond to requests to alleviate or rectify such environment will result in disciplinary or corrective action.

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REFERENCES:

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