

HARBOR-UCLA MEDICAL CENTER

SUBJECT: INTRAOPERATIVE MONITORING OF PATIENT POSITION

POLICY NO. 373

**PURPOSE:**

To promote optimal patient positioning for successful performance of operative and other invasive procedures while minimizing risk for physiologic and anatomic complications related to patient position.

**POLICY:**

At Harbor, the surgeon, anesthesiologist, and peri-operative nurse work as a team to minimize the risk of peri-operative complications related to positioning. The risk for such complications increases when the length of the procedure exceeds three (3) hours. Practice Settings: Operating Rooms, Cardiac Catheterization Laboratory, Endoscopy, Radiology, and other invasive procedure venues.

**PROCEDURE:**

1. All patients' positions shall be periodically assessed intra-operatively to ensure that optimum anatomical and physiological parameters are maintained, including but not limited to, adequate respiration and circulation, prevention of excessive pressure to nerves, arteries and/or bony prominences, protection of eyes and support of extremities and head.
2. Pre-operative assessment of positioning should include, but is not limited to:
  - Pre-existing neuropathies, other comorbidities affecting tissue perfusion, and/or diseases
  - Physical limitations
  - Age
  - Height and weight
  - Skin condition
  - Nutritional status
  - Procedure type and position required by surgeon
  - Anticipated length of procedure
3. After positioning the patient, the surgical team will evaluate the patient's body alignment and tissue integrity. Evaluation will be specific to patient's position and shall include the following systems, as applicable: Respiratory, Circulatory, Neurological, Musculoskeletal and Integumentary.

**EFFECTIVE DATE:** 10/98

**SUPERSEDES:**

**REVISED:** 2/05, 6/06, 4/11, 9/14, 1/19

**REVIEWED:** 2/02, 6/06, 4/11, 3/14, 1/19

**REVIEWED COMMITTEE:** Operating Room Committee

**APPROVED BY:**

  
 Kim McKenzie, RN, MSN, CPHQ  
 Chief Executive Officer  
 Interim Chief Nursing Officer

  
 Anish Mahajan, MD  
 Chief Medical Officer

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4. After repositioning or any movement of the patient, procedure bed, or devices that attach to the procedure bed, the patient will be reassessed for body alignment and tissue integrity, as defined in section 3.
  5. If the duration of the procedure is longer than three (3) hours, reassessment of the systems noted in section 3 will be initiated and repeated as often as necessary for the duration of the procedure, as appropriate.
  6. Documentation should reflect the assessment, any related findings and their management when applicable. The following must be included:
    - General condition of the patient
    - Patient position
    - Positioning devices used
    - Reassessment of the above systems for procedures over three (3) hours, when applicable
    - Management of any findings related to positioning

**REFERENCES:**

AORN (2018), Guidelines for Perioperative Practice. Denver: AORN, INC.

Heizenroth, Pauline A. (2011), Positioning the Patient for Surgery in Alexander's Care of the Patient in Surgery, 14<sup>th</sup> edition. St. Louis: Elsevier Mosby, 144-173.

Revised and Approved by:  
Medical Executive Committee on 1/2019



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Janine R. E. Vintch, M.D.  
President, Professional Staff Association