



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: INTRA-OPERATIVE MONITORING OF  
PATIENT POSITION**

**Policy No.: B836**  
**Supersedes: October 2013**  
**Revised: 08/09/2022**  
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### PURPOSE:

To establish authority, responsibility, and accountability in the maintenance of a physiologic and anatomically safe environment for the patient during the perioperative period.

### POLICY:

All patients' position 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 and/or bony prominences, protection of eyes and support of extremities and head. **Practice Settings:** Operating Room (hospital based and/or ambulatory unit), endoscopy suite, radiology.

### GUIDE:

- 1.0 Working as a team, the surgeon, anesthesiologist, and perioperative nurse can minimize the risk of perioperative complications related to positioning. The risk for such complications increases when the operative procedure is longer than three hours.
- 2.0 Pre-operative assessment of positioning should include, but is not limited to:
  - 2.0.1 Pre-existing neuropathies, other conditions, and/or diseases
  - 2.0.2 Physical limitations
  - 2.0.3 Age
  - 2.0.4 Height and weight
  - 2.0.5 Skin condition
  - 2.0.6 Nutritional status
  - 2.0.7 Procedure type and position required by surgeon
  - 2.0.8 Anticipated length of procedure
- 3.0 After positioning the patient, the perioperative nurse, in collaboration with the surgical team, should evaluate the patient's body alignment and tissue integrity. Evaluation should be specific to patient's position and shall include the following systems, as applicable: Respiratory, Circulatory, Neurological, Musculoskeletal, Integumentary.
- 4.0 After repositioning or any movement of the patient, procedure bed, or devices that attach to the procedure bed, the patient should be reassessed for body alignment and tissue integrity, as defined in section 3.0, as accessible, given the constraints of the operative procedure.

EFFECTIVE DATE: 08/09/2022

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

- 5.0 If the duration of the procedure is longer than three (3) hours, reassessment of the system noted in section 3.0 should be initiated and repeated as often as necessary for the duration of the procedure, as accessible, given the constraints of the operative procedure.
  
- 6.0 Documentation should reflect the assessment, any related findings and their management when Applicable on the EMR. The following must be included:
  - 6.0.1 General condition of the patient
  - 6.0.2 Patient position
  - 6.0.3 Positioning devices used
  - 6.0.4 Assessment of respiratory, circulatory, neurological, musculoskeletal, and integumentary systems specific to the type of position
  - 6.0.5 Reassessment of the above systems for procedures over three hours, when applicable
  - 6.0.6 Management of any findings related to positioning

**REFERENCES:**

Department of Health Services, Policy # 328

AORN. (2022). Guidelines for Perioperative Practice. Denver, CO: AORN.

2/28/18- Reviewed - Alina Genie-Fernandez, RN, MSN, CNOR

8/9/22-Revised - Alina Genie-Fernandez, RN, MSN, CNOR