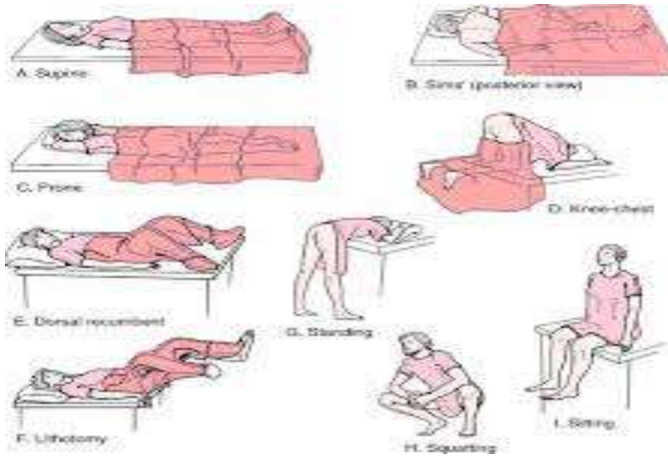


# Positions



# LEARNING AGENDA

- Introduction
- Purposes
- General Principles
- Common positions
- Common Devices
- Surgical positions
- Summary
- References

# Introduction

The clients different needs may be interrelated in unique ways and the nurse considers the client's priorities

Nursing care may be directed towards meeting the basic needs of the client simultaneously

One of the most aspects of meeting the basic needs of comfort of the client like comfort devices, positions etc

# Purposes

To promote comfort to the patient

To relieve pressure on various parts

To stimulate circulation

To provide proper body alignment

To carry out nursing intervention

To perform surgical and medical interventions

To prevent complications caused by immobility

To promote normal physiological functions

## General principles



Maintain proper body alignment.

Support all body parts.

Avoid pressure especially over bony prominences by adequately padding these areas.

Use pillows, splints, foot boards and foams protectors which are helpful in maintaining the positions.



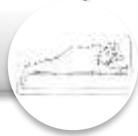
# Common positions



SUPINE



PRONE



LATERAL



SIMS  
/SEMI  
PRONE



FOWLER'S



TRENDL  
ENBURG



CARDIAC



ERECT



# Common devices

- Blanket and sheets
- Pillows
- Sand bags
- Eye pads
- Trochanter rolls
- Mattresses
- Adjustable tables
- Bedside rails
- Trapeze bar
- Cradle



# Supine /horizontal recumbent position

- Patient lies flat on back.  
Additional supportive devices may be added for comfort.



## INDICATIONS

- Examination of chest and breast.
- Facial and frontal cranial organs.
- For comfort of the client.
- Assessment of vital signs.
- For physical examination.
- After surgeries involving anterior portions of body.



# Supine position

## COMPLICATION TO BE PREVENTED

- Exaggerated curvature of the spine.
- Flexion contracture of the neck.
- Flexion of the lumbar curvature.
- Extension of the fingers and abduction of the thumb.
- External rotation of the femurs.

## SUGGESTED PREVENTIVE ACTIONS

- Use firm support at the back
- Support by the small pillow only.
- Place the rolled towel or small pillow under curvature.
- Use hand –wrist splints if appropriate.
- Place sandbags along the side of the hips.

# Prone position

Patient lies on stomach with head turned to the side



## INDICATIONS

Spinal & back injuries, burnt over back.

Relieves pressure from pressure sores prone areas.

After anesthesia to prevent aspiration.

## CONTRA INDICATIONS

Respiratory or spinal problems.

Clients after abdominal surgery.

# Prone position

COMPLICATION TO BE PREVENTED

SUGGESTED PREVENTIVE ACTIONS

Flexion on the cervical spine.

Place small pillow under the head.

Impaired respirations.

Support between ribcage and upper abdomen, it facilitates breathing

# Lateral position

- Patient lies on the side of the body with the top leg over the bottom leg. This position helps relieve pressure on the coccyx.



## INDICATIONS

To relieve pressure on bony prominences of the back and sacral region.

For enemas and suppositories

## CONTRA INDICATIONS

Hip replacement

Orthopedic surgeries.

# Lateral position

## COMPLICATION TO BE PREVENTED

## SUGGESTED PREVENTIVE ACTIONS

Lateral flexion of the neck.

Place pillow under head and the neck.

Inward rotation of the arm and interference with respirations.

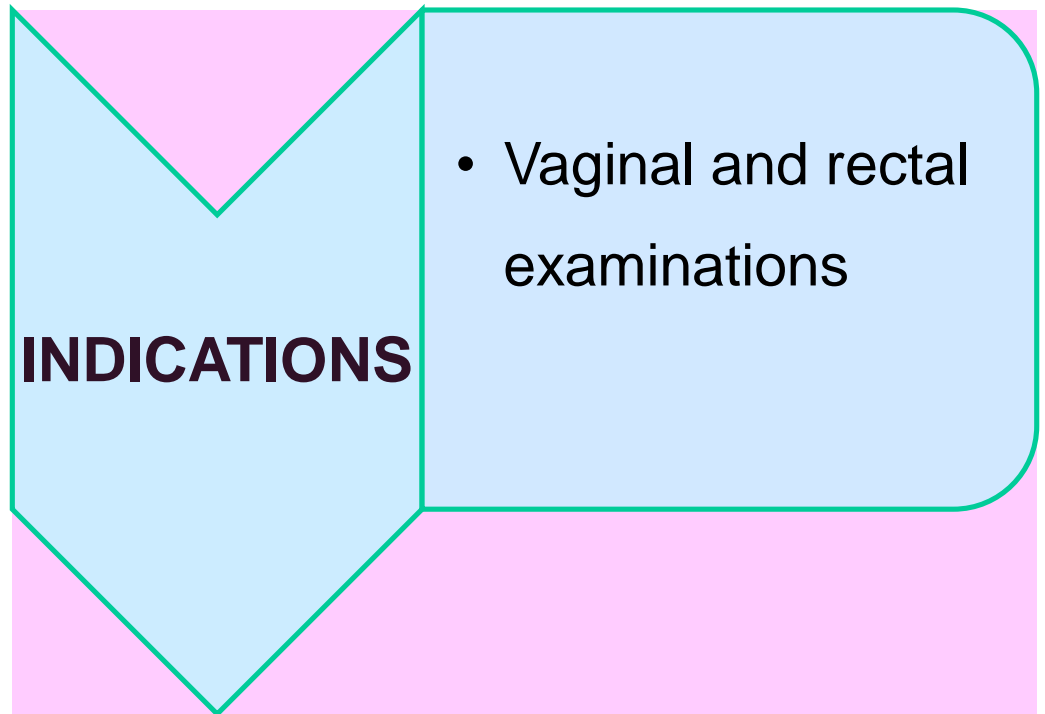
Place pillow under the upper arm and lower arm should be flexed.

Twisting of the spine

Ensure that both shoulders are aligned with both the hips.

## Sims position/semi prone

- Patient lies between supine and prone with legs flexed in front of the patient. Arms should be comfortably placed beside the patient, not underneath.



# Sim's position

## COMPLICATION TO BE PREVENTED

## SUGGESTED PREVENTIVE ACTIONS

Lateral flexion of the neck.

Place pillow under head and the neck.

Damage to the nerves and blood vessels in of the lower arm.

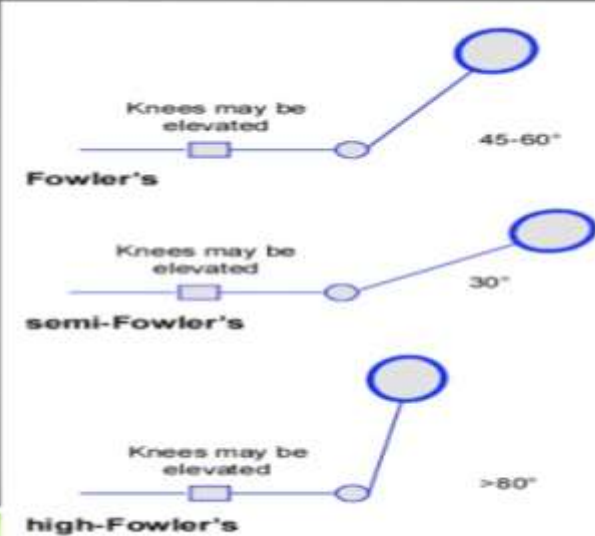
Position the lower arm behind and away from the patient's back.

Adduction of the hip and lumbar lordosis.

Place pillow under the upper flexed leg from the groin to the foot.

# Fowler's Position

## TYPES OF FOWLER'S



Patient's head of bed is placed at a 45-degree angle. Hips may or may not be flexed. This is a common position to provide patient comfort and care.



# Types fowlers position

POSITIONS	PLACEMENT	INDICATIONS
High-Fowler's	Head of bed 60° angle	Thoracic surgery, severe respiratory conditions
Fowler's	Head of bed 45°-60° angle; hips may or may not be flexed	Postoperative, gastrointestinal conditions, promote lung expansion
Semi-Fowler's	Head of bed 30° angle	Cardiac, respiratory, neurosurgical conditions
Low-Fowler's	Head of bed 15° angle	For ease of breathing, promote skin integrity, provide comfort
Knee-Gatch	Lower section of bed (under knees) slightly bent	Provide comfort

# Fowler's position

## COMPLICATION TO BE PREVENTED

## SUGGESTED PREVENTIVE ACTIONS

Flexion contracture of the neck

Support by the small pillow only

Exaggerated curvature of the spine

Use firm support at the back

Dislocation of the shoulder

Support the forearms on the pillow to prevent the pull

Edema of the hand

Slightly elevate the hand in relation to the elbow

External rotation of the hips

Use trochanter rolls

Foot drop

Use foot board or high foot sneakers

# Trendelenburg position

Place the head of the bed lower than the feet. This position is used in situations such as and. It helps promote venous return to major organs such as the head and heart.

## INDICATIONS

- Hypotension
- Medical emergencies



# Cardiac Position

Client is propped up in the sitting position by means of back rest

Place an over bed table in front with pillow on it, on which the client can lean forward and take rest

Client has an air cushion to sit and a small pillow under the knees

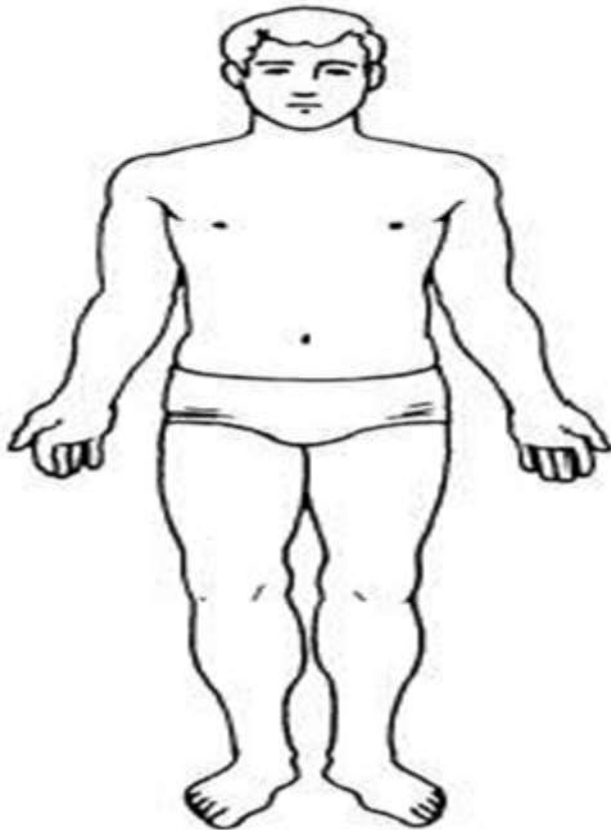


## INDICATIONS

- Relieves dyspnea
- Provides comfort

# Erect position / standing position

- This is normal standing position with both feet on the floor.



## INDICATIONS

For head to foot examinations, assess posture balance and gait

For orthopedic examination and assessment of neurological disorders.

## CONTRA INDICATIONS

For clients who are weak, dizzy and prone to fall.

# **Surgical positions**

# Supine position



# Supine position indications

## ABDOMEN

- Suprapubic cystostomy
- Retroperitoneal lymph-adenectomy
- Transperitoneal nephrectomy
- Augmentation of the bladder,

## PENIS

- Penis deviation
- Hypospadias correction
- Epispadia correction

## TESTICLES

- Vasectomy
- Varicocele ligature.
- Vasovasostomy
- Epididymo-vasostomy



# Lithotomy



# Lithotomy Position

## BLADDER

- Radical cystectomy
- Scott sphincter implantation
- Vesicovaginal fistula occlusion
- Vaginal Delivery

## PROSTATE

- Transvesical adenoma nucleation
- Radical prostatectomy.
- Pelvic lymphadenectomy

## PENIS

- Open-surgery urethra grafts
- Complete Urethrectomy
- Excision of urethra diverticula

# Prone position



# Prone position indications

Access to the thoracic and lumbar spine

Fractures and misalignment in the thoracic and lumbar spine

Spondylodiscitis

Scoliosis

Spondylolisthesis

## Lateral position



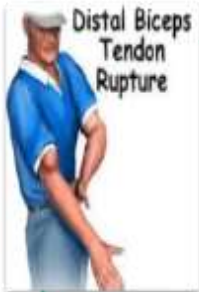
# Lateral position indications

- Dorsal access to the sacrum, hip joint, iliosacral joint
- Post traumatic lesions in sacrum
- Fractures
- Exposure of the sacral nerve and the sciatic nerve
- Gluteal compartment syndrome

# Beach chair position



# Beach-chair position



**Rupture of the biceps tendon**



**Post traumatic misalignment**



**Access to the shoulder joint**



**Pseudarthrosis**



# SUMMARY

- Positioning a client in good body alignment and changing the position regularly and systematically are essential aspects of nursing practice.
- The nurse must assess extremities at regular intervals for signs of circulatory compromise.
- Documentation of the positioning process should be performed accurately and completely.

# One last note...

Positioning problems can result in significant injuries and successful lawsuits.



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