



Patient Positioning in the Operating Room

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Virtua Voorhees



Introduction

The Virtua Voorhees Operating Room Shared Governance Team identified an area of opportunity surrounding patient positioning for surgery related to the prevention of hospital acquired pressure injuries and other positioning-related injuries. During surgery, surgical positioning and the patient's inability to move may be factors that can contribute to the development of pressure ulcers or other injuries. With a primary focus on patient safety, the shared governance team recognized an opportunity to educate the staff and standardize practices surrounding patient positioning.



Purpose

The Virtua Voorhees Operating Room Shared Governance Team sought to identify any positioning variation among staff. Patient positioning is a key component of Operating Room procedure and is performed routinely throughout each day, but any variation of patient positioning among team members can ultimately lead to hospital acquired pressure injury. Patient positioning cannot be described as a technique but rather a universal standard of practice that each staff member performs the same. Identifying and sharing key concepts of safe patient handling and positioning were goals of the Shared Governance Team. The education piece of patient positioning developed and displayed to the staff by the Shared Governance Team, along with the hands-on instruction provided a visual and tactile form of education.

Methods

The team began by researching evidence based practices for the four primary positions used in the Voorhees Main OR – supine, prone, lithotomy, and steep Trendelenburg. AORN Guidelines and current evidence were reviewed. Utilizing updated guidelines, the team created an educational Power Point which was then presented to all OR staff members during a staff meeting. This was followed by an in-service in which shared governance team members divided into groups to demonstrate each position. Each position was demonstrated in individual operating rooms and staff rotated through each. Staff members were encouraged to be placed in each of the positions so they could feel what the patients experience. Shared governance team members positioned staff incorrectly to ask, "What is wrong with this position"? The team then demonstrated proper patient positioning utilizing appropriate positioning aids. Staff members were then encouraged to correctly position each other.

Conclusions

The education provided by the shared governance team was well received and generated constructive conversation regarding best positioning practices and positioning pitfalls to avoid. For next steps, the team hopes to make a video in which all surgical positions are demonstrated to be placed on the Virtua Learning System for all staff members to view.

Bibliography

1. Association of Perioperative Registered Nurses (AORN) (2021). Positioning the patient. *AORN Guidelines for Perioperative Practice*, 2021 ed., 643-718. AORN Inc., Denver, CO.
2. Association of Perioperative Registered Nurses (AORN) (2020). Prevention of Perioperative Pressure Injury Toolkit. Retrieved from: [Prevention of Perioperative Pressure Injury Toolkit - AORN](#)



Steep Trendelenburg



Prone



Lithotomy