

PROTOCOL FOR: Positioning

- POLICY:
1. Assessment of risk factors related to the patient and the imaging and sedation / anesthetic procedures will be incorporated into the plan for positioning.
  2. Skin integrity will be assessed prior to positioning and at the conclusion of the procedure(s), with special focus on pressure points associated with the desired position.
  3. Positioning will be done in a way that provides optimal exposure for the procedure and access to provide sedation / analgesia yet minimizes compromise to the following systems:
    - musculoskeletal
    - circulatory
    - respiratory
    - neurological
    - integumentary
  4. An adequate number of staff will be available for positioning to maintain the safety of staff and patients.
  5. The dignity of the patient will be maintained during the positioning process.
  6. Thermoregulation will be maintained during the positioning process.
  7. Manufacturer's instructions will be followed when using specialized positioning devices.

DESIRED PATIENT  
OUTCOME:

1. The patient will have no injury related to transfer or transport.
2. The patient will have no injury related to positioning, as evidenced by:
  - minimal musculoskeletal compromise
  - no circulatory compromise
  - adequate gas exchange
  - no nerve damage
  - no pressure, friction, or shear injury to skin
3. The patient will have his/her right to privacy maintained.
4. The patient will be at or returning to normothermia at the conclusion of the immediate postprocedure period.

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CLINICAL  
ASSESSMENT:

1. Pre-procedure assessment for positioning needs will be made before transferring the patient to the procedure bed for the following:
  - neuropathies
  - preexisting conditions and diseases
  - physical limitations
  - age
  - height and weight
  - skin condition
  - nutritional status
  - procedure type and position
2. During positioning, the Radiology team will monitor patient body alignment and tissue integrity.
3. After positioning, the Radiology team will evaluate the patient's body systems for any compromise in integrity:
  - positions that can limit rib cage and abdominal expansion;
  - factors leading to nerve damage, including members of the radiology team leaning on the patient, twisting or stretching of extremities;
  - hyperextension of joints
  - pooling of prep solutions that may cause chemical burns.
4. Postprocedure assessment will be documented.

PROCEDURE FOR:     Positioning

<u>Action</u>	<u>Points of Emphasis</u>
1. Prepare procedure bed appropriately, pending patient assessment and plan for procedure/ positioning.	1. Obtain appropriate positioning aids to support patient properly; e.g. toboggans, pads, lumbar support, stirrups, etc.
2. Before initiating movement of patient, confirm that patient stretcher/ bed and procedure bed are locked.	
3. At a minimum two staff will be available for positioning, with one at the head of the bed and one on the open side of the procedure bed.	3. Use roller / slide board and more staff, as necessary, when positioning incapacitated patients.
4. Assure that patient does not lie on wrinkled linen.	
5. Inspect patient for proper musculo-skeletal alignment once positioning is complete.	

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#### Supine Position

1. Provide support for arms, either using arm boards or toboggans. When using arm boards, arms should be placed at  $\leq 90^\circ$  angle; palms up is preferred to palms down to relieve ulnar nerve pressure. When tucking arms at side, palms should face inward and pad bony prominences to prevent radial or ulnar nerve damage.
2. Pad occiput, heels, and sacrum for vulnerable patients and for lengthy procedures.

#### Lithotomy Position

1. Center the patient on the procedure bed / stretcher.
2. Place stirrups at a level and angle which supports proper alignment of joints, prevents peroneal / popliteal nerve damage, and distributes pressure evenly.
3. The patient will lift her legs to place them in stirrups most comfortably.
4. Assure that the patient's hands and fingers are clear if manipulating portions of the procedure bed.
5. Following the procedure, the patient will lower her legs slowly to avoid hypotension.

#### Lateral Position

1. Assist the patient in moving into place on their side.
2. Flex the lower leg; place pillows between the knees and feet.
3. Pad bony prominences, including the ankles, lower lateral knee, hip, and shoulders.
4. Extend the lower arm with palm up on padded arm board, with elbow slightly flexed and lower shoulder slightly forward; place upper arm with palm down on body and procedure bed.

#### Prone Position

1. Assist patient in moving to the procedure bed.
2. Place a pillow crosswise beneath the chest.
3. Place a pillow under the head.
4. Make certain breasts and genitalia are comfortable.
5. Place padding / pillows to flex knees and prevent pressure on feet and toes.
6. Place arms palms down on procedure bed under pillow supporting head.

APPROVAL:           Nursing Standards Committee

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EFFECTIVE DATE:     10/03