

PATIENT POSITIONING



NRSNG

POSITION	WHAT	WHEN	NURSING CONCERNS	ADDITIONAL NOTES
 <p>HIGH-FOWLERS</p>	HOB 60-90° with the patient sitting up in bed	During episodes of respiratory distress, when inserting a nasogastric tube, during oral intake with feeding precautions	This may be uncomfortable to maintain for an extended period, a patient may slump over if they lack the strength to stay sitting upright, and must be repositioned within 2 hours to prevent skin breakdown if patient is unable to reposition themselves as High-Fowler's places quite a bit of pressure on the coccyx	May need to float heels, knees can be bent or straight
 <p>FOWLER'S</p>	HOB 45-60° with the patient sitting up in bed. Patient lying on their back in bed, with HOB reclined	Facilitates chest expansion so it is helpful with patients who are having difficulty breathing, during tube feeding administration because it facilitates peristalsis while minimizing aspiration risk, simply a comfortable position, also used in the postpartum period to facilitate excretion of lochia	Minimal	May need to float heels, knees can be bent or straight, may be called Standard Fowler's
 <p>SEMI FOWLER'S</p>	HOB 15-30° with patient lying on their back	Necessary in some neurological and cardiac conditions, after procedures or surgeries to facilitate hemostasis at the insertion site (like a cardiac cath with a femoral approach) or drainage from various drains	If a patient has continuous tube feeding infusing or trouble managing secretions, aspiration is a risk with prolonged positioning	May need to float heels
 <p>SUPINE</p>	HOB flat, patient on back	Post procedures to maintain hemostasis at insertion site, frequent position for many surgeries	Many pressure points (including the top of toes from the sheet) therefore you must be diligent in turning patient, may be uncomfortable to maintain, increases apnea in OSA, avoid after 1st trimester due to the added pressure on vena cava and subsequent hypotension	
 <p>PRONE</p>	HOB flat, patient on stomach with head to one side	Not used frequently; use as a therapeutic measure in advanced ARDS, during and after some surgeries	Not comfortable for long, difficult for full respiratory expansion, not easy to put a patient into this position (especially if they have multiple lines and tubes)	
 <p>TRENDELENBERG</p>	Flat on back, feet raised higher than head by 15-30°	During CVC (subclavian or IJ) placement, if an air embolism is suspected as it traps air in the right ventricle, when positioned this way with a Valsava it can convert supraventricular tachycardia, during various surgeries, respiratory distress to increase perfusion	Not ideal with increased ICP, uncomfortable, if patient is confused putting them in this position may increase fall risk.	Frequently used by nurses during instances of hypotension, however evidence does not support this practice: https://www.annanurse.org/download/reference/practice/tripTrendelenburg.pdf also this link: http://www.bestbets.org/bets/bet.php?id=1710 Recommends using a passive leg raise to give a small bolus to the patient from their own circulation in legs
 <p>REVERSE TRENDELENBERG</p>	Flat on back, head raised higher than feet by 15-30°	For some surgeries or procedures, pre-surgery intervention for some vascular surgeries, may be used to facilitate respirations in patients who need to lay flat post-procedure, reduces GERD symptoms	Somewhat uncomfortable, if patients are confused it might be difficult to maintain them safely in this position for long periods	

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 DORSAL RECUMBENT	Flat on back, knees bent, rotated outwards, feet flat on the bed (head/shoulders typically on a pillow)	During or after various surgeries, for comfort	Minimal	
 LATERAL	On side, top knee and arm flexed and supported by pillows	Relieves pressure on sacrum, great for patients who are immobile as it is typically quite comfortable and provides good spine alignment, supporting and off-loading common pressure points	Minimal	May specify a side, "place the patient in left lateral position"
 SIM'S	Halfway between lateral and prone	Occasionally used with unconscious patients as it facilitates drainage of oral secretions, pregnancy, during enemas, for patients who are paralyzed as it takes pressure off of the hip and sacrum	Must remember to turn patient on schedule	
 ORTHOPNEIC	Sitting at the side of the bed, leaning over a table	Facilitates respiratory expansion, makes it easier to breath in patients with respiratory difficulty, and used during a thoracentesis	Ensure patient can safely sit back in bed; don't leave unattended if a fall risk and sitting at the side of the bed	

