

Perioperative Services Competency Assessment - Vanderbilt University Medical Center

Positioning	Interpretation	Rationale
A. Gather appropriate resources for safe and efficient patient positioning.	<ol style="list-style-type: none"> 1. Assemble all positioning aids before induction. 2. Have lifting help available if necessary. 3. Position OR bed and transport vehicle next to each other and locked. 	<ol style="list-style-type: none"> 1. Ensure safe and efficient patient positioning.
B. List & define three risk factors for patient injury associated with positioning.	<ol style="list-style-type: none"> 1. Shearing- tissue layers move on each other causing blood vessels and tissues to stretch, angulate and become damaged, caused by sliding or pulling the patient. 2. Friction- occurs when skin rubs over a rough stationary surface. 3. Pressure- skin is compressed between a hard surface (bed) and bone; blood vessels are narrowed or occluded. Duration of pressure is more important than intensity of pressure. Damage can occur in two hours. 	<ol style="list-style-type: none"> 1. Lift patient to prevent shearing. 2. Protect skin from rough surfaces. 3. Pad all bony prominences to prevent injury.
C. Demonstrate patient placement in the Supine Position.	<ol style="list-style-type: none"> 1. Position placement includes, but is not limited to: <ol style="list-style-type: none"> a. Pillow beneath lower legs b. Pad elbows and wrists c. Pad heels d. Pillow or head positioner under head e. Use footboard for reverse Trendelenburg, pad feet f. Pad perineal post on fracture table g. Roll or wedge under right flank of pregnant or morbidly obese patient 	<ol style="list-style-type: none"> 1. Reduce back strain. 2. Protect ulnar nerve and support wrist. 3. Reduce pressure on patient heel. 4. Reduce pressure on back of head. 5. Prevent patient from sliding off OR table, and reduce pressure on patient feet. 6. Reduce pressure on perineum. 7. Reduce pressure on vena cava.
D. Demonstrate patient placement in the Lithotomy Position.	<ol style="list-style-type: none"> 1. Position placement includes, but is not limited to: <ol style="list-style-type: none"> a. Pillow or head positioner under head b. Pad elbows and wrists c. Watch fingers/hands when lowering foot of bed d. Placing patient in stirrups: <ol style="list-style-type: none"> i. One staff person per leg ii. Raise/lower simultaneously iii. Position stirrups level and equal height iv. Pad stirrups, no skin touching metal v. Securely fasten stirrups to bed 	<ol style="list-style-type: none"> 1. Reduce pressure on back of head. 2. Protect ulnar nerve and support wrist. <ol style="list-style-type: none"> a. Fingers/hands can be injured if caught in bed mechanism 3. Stirrups: <ol style="list-style-type: none"> a. Avoid back strain or hip dislocation b. Maintain proper body alignment c. Reduce pressure on skin d. Stirrup slippage could cause hip dislocation, muscle, nerve or bone injuries
E. Demonstrate patient placement in the Prone Position.	<ol style="list-style-type: none"> 1. Position placement includes, but is not limited to: <ol style="list-style-type: none"> a. Padded headrest or pillow under head with head turned to side ear flat. b. Chest rolls c. Padding for arms, careful rotation with minimal abduction d. Padding for knees e. Lower legs elevated on pillow(s) f. Females- breasts angled toward sternum g. Males- genitalia not compressed, in proper anatomical alignment. 	<ol style="list-style-type: none"> 1. Reduce pressure on face, protects eyes, ear flat to prevent injury. 2. Allow for the diaphragm to move freely. 3. Prevent shoulder dislocation and brachial plexus injury. Elbows and forearm padded to protect ulnar nerve. 4. Reduce pressure on knees. 5. Elevate toes, prevent from touching the OR table. 6. Prevent patient injury. 7. Prevent patient injury.
F. Demonstrate patient placement in the Lateral Position.	<ol style="list-style-type: none"> 1. Position placement includes, but is not limited to: <ol style="list-style-type: none"> a. If using beanbag, place on bed prior to moving the patient. b. After induction, four people move patient to side with unaffected side down. c. Pillow under head, ear flat. d. Pillow between legs, bottom leg flexed at knee and hip, top leg straight or slightly flexed. e. Lateral aspect of lower knee padded f. Lower malleolus padded g. Lower arm flexed and resting on padded arm board, elbows, wrists padded and supported. h. Lower shoulder brought slightly forward, small bolster placed slightly posterior to the axilla. i. Upper arm on padded elevated arm board, padded mayo stand, or pillows between arms and secured. 	<ol style="list-style-type: none"> 1. Facilitates ease of positioning. 2. Prevent patient and staff injury. 3. Reduce pressure on head and ear. 4. Pad legs, add stability to patient. 5. Reduce pressure on knee. 6. Reduce pressure on foot. 7. Prevent ulnar nerve injury. 8. Relieve pressure on nerves and vessels along the brachial plexus. 9. Facilitate chest expansion. 10. Prevent ulnar nerve injury.

