Guideline for positioning the patient.

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Association of periOperative Registered Nurses (AORN)

Spruce L. Guideline for positioning the patient. In: 2023 guidelines for perioperative practice. Denver (CO): Association of periOperative Registered Nurses (AORN); 2022 May 17. [400 references]

View Original Guideline

Overview

Guideline Objective

To provide guidance to perioperative team members for positioning patients undergoing operative and other invasive procedures in the perioperative practice setting

Patient Population

Any patient undergoing operative or other invasive procedures

Recommendations

Recommendation Statements

Note: Guidance is provided for one recommendation statement under each topic. Refer to the original guideline for additional recommendations.

Assessment for Injury Risk

1.1. Conduct a preoperative patient assessment to identify patients at risk for positioning injury, develop a plan of care, and implement interventions to prevent injury. (**Recommendation**)

Positioning Devices

2.1. Identify the positioning equipment and devices required for the operative or invasive procedure. (**Recommendation**)

Safe Positioning Practices

3.1. Identify potential hazards associated with positioning activities and establish safe practices. (**Recommendation**)

Supine Position

4.1. Implement safe practices when positioning the patient in the supine or modifications of the supine position. (**Recommendation**)

Trendelenburg Position

5.1. Implement safe practices when positioning the patient in the Trendelenburg or modifications of the Trendelenburg position. (**Recommendation**)

Reverse Trendelenburg Position

6.1. Implement safe practices when positioning the patient in the reverse Trendelenburg position or modifications of the reverse Trendelenburg position. (**Recommendation**)

Prone Position

7.1. Implement safe practices when positioning the patient in the prone or modifications of the prone position. (**Recommendation**)

Lithotomy Position

8.1. Implement safe practices when positioning the patient in the lithotomy position or modifications of the lithotomy position. (**Recommendation**)

Sitting/Semi-Sitting Position

9.1. Implement safe practices when positioning the patient in the sitting or semi-sitting position or modifications of the sitting or semi-sitting position. (**Recommendation**)

Lateral Position

10.1. Implement safe practices when positioning the patient in the lateral or modifications of the lateral position. (**Recommendation**)

Intraocular Pressure (IOP)

11.1. Implement measures to mitigate the risk of an increase in IOP and postoperative vision loss in the Trendelenburg and prone positions. (**Recommendation**)

Patients Who Are Pregnant

12.1. Implement measures to reduce the risk for injuries when positioning patients who are pregnant. (**Recommendation**)

Patients with Obesity

13.1. Implement measures to reduce the risk for injuries when positioning patients with obesity. (**Recommendation**)

Evaluation for Positioning Injuries

14.1. The registered nurse (RN) circulator should conduct a postoperative patient assessment to identify patient injury caused by intraoperative positioning. (**Recommendation**)

Documentation

15.1. Document patient care and use of positioning equipment and devices. (**Recommendation**)

Education

16.1. Provide personnel who have responsibility for positioning patients with initial and ongoing education and verify their competency related to patient positioning. (**Recommendation**)

Policies and Procedures

17.1. Establish an interdisciplinary team to develop perioperative policies related to positioning that are consistent with the health care organization's pressure injury prevention program. (**Recommendation**)

Quality

18.1. The health care organization's quality management program should evaluate patient positioning. (**Recommendation**)

Evidence Rating Scheme

AORN Hierarchy of Evidence

Research	I	• Systematic review — all studies randomized controlled trials (RCTs) • RCT
	II	• Systematic review — all studies quasi-experimental or a combination of RCTs and quasi-experimental • Quasi-experimental
	III	• Systematic review — all studies non-experimental or a combination of RCTs, quasi-experimental or a combination of RCTs and quasi-experimental and non-experimental; any or all studies qualitative

		• Non-experimental • Qualitative
Non-research	IV	• Clinical practice guideline • Consensus or position statement
	V	• Literature review • Case reports • Expert opinion • Organizational experience

AORN Evidence Rating Model

	High	**Moderate**	**Low**
Evidence Rating	IA or IB IIA or IIB	IIIA or IIIB	IC, IIC, or IIIC VA, VB, or VC
	• Wide range of studies with no major limitations • Little variation between studies	• Few studies and some have limitations but not major flaws • Some variation between studies	• Studies have major flaws or there are no rigorous studies • Important variation between studies

Recommendation Rating Scheme

Recommendation Rating

Recommendation

- Benefits clearly exceed harms
- Supported by high- to moderate-quality evidence
- May be based on low-quality evidence or expert opinion when
    - High-quality evidence is impossible to obtain
    - Supported by a guideline, position statement, or consensus statement

Conditional Recommendation

- Benefits are likely to exceed harms
- May be supported by any level of evidence when
    - Indicated for a specific patient population or clinical situation
    - Impact of the intervention is difficult to separate from other simultaneously implemented interventions (e.g., "bundled" practices)
    - Benefit-harm assessment may change with further research or not be consistent
    - Benefit is most likely if used as a supplemental measure

No Recommendation

- There is both a lack of evidence and an unclear balance between benefits and harms.

Implementation

Regulatory Requirement

- Perioperative team members "must" implement the recommendation in accordance with regulatory requirements.

Recommendation

- Perioperative team members "should" implement the recommendation, unless a clear and compelling rationale for an alternative approach is present.

Conditional Recommendation

- Perioperative team members "may" implement the recommendation.
- The degree of implementation may vary depending on the benefit-harm assessment for the specific setting.

No Recommendation

- Perioperative team members will need to evaluate whether or not to implement the practice issue.

Related Content

Supporting Documents

- Guideline for Positioning the Patient Evidence Table; 2022.
- Guideline for Positioning the Patient Evidence Review and PRISMA.
- AORN Evidence Rating Model; 2019.
- AORN Hierarchy of Evidence; 2015.
- AORN Non-research Evidence Appraisal Tool; 2015.
- AORN Research Evidence Appraisal Tool — Study; 2015.
- AORN Research Evidence Appraisal Tool — Summary; 2015.
- AORN Evidence Appraisal Companion Guide and Definitions.

Implementation Tools

- Infographic: How an AORN Guideline is Created.
- Guideline Essentials.
- Clinical Resources.

Patient Education

No patient education materials available.

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TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	

Systematic Review of Evidence

Literature Search	
Study Selection	
Evidence Synthesis	

Foundations for Recommendations

Strength of Evidence Grade	
Description of Benefits and Harms of Recommendations	
Summary of Evidence Supporting Recommendations	
Strength of Recommendations Rating	
Clear Articulation of Recommendations	

Funding Source

Yes

Disclosure and Management of Financial Conflicts of Interests



External Review



Updating



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