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Bed Mobility and Positioning

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Goals

- **Identify several positions that the patient can be placed in bed.**
- **Identify safety precautions to be implemented prior to, during, and after positioning a patient in bed.**
- **Identify repositioning techniques.**

Goals

- **Identify observations that need to be made in relation to patient positioning.**
- **Identify benefits of specific positions for different patient conditions/treatments.**

Bed Mobility and Positioning: Which Patients Do We Reposition?

- **Positioning is relevant for all patients who are bedridden or lying in bed for an extended amount of time each day**
  - **decreased mobility**
  - **decreased sensation**
  - **deformities**
  - **spasticity**

Bed Mobility and Positioning: Which Patients Do We Reposition?

- **Positioning is relevant for all patients who are bedridden or lying in bed for an extended amount of time each day**
  - **pain**
  - **cognitive impairments**
  - **restlessness/instability/anxiety**
  - **pressure injuries or those who are at risk of developing pressure injuries**

Bed Mobility and Positioning: Why Do We Reposition?

- **Provide patients with stability and comfort, which will leave them calmer and more relaxed. No matter the situation, these factors play a huge part in recovery.**
  - **certain procedures easier for the caregivers, e.g., dressing and hygiene procedures**
  - **relieve of certain body parts or a more general support of the body**
  - **pain relief**

Bed Mobility and Positioning: Why Do We Reposition?

- **Provide patients with stability and comfort, which will leave them calmer and more relaxed. No matter the situation, these factors play a huge part in recovery.**
  - **improving respiration**
  - **for hygiene procedures or examinations**
  - **relieving deformities**
  - **relieving edema and circulatory problems**
  - **prevent pressure injuries**

Bed Mobility and Positioning:

- **Goal is to create stability in all positions**
  - **stability**
  - **safety**
  - **relaxation**
  - **reduced tone**
  - **reduced arousal**

Bed Mobility and Positioning:

- **Goal is to create stability in all positions**
  - **improved rest and sleep**
  - **recovery**
  - **improved digestion**
  - **better healing**
  - **new energy and vitality**

Bed Mobility and Positioning:
Goal is to Create Stability in All Positions!

- A stable positioning creates the basis for the patients to feel safe and relax
- When the patient is feeling relaxed, their tone and arousal is reduced, which creates the basis for better rest and sleep, and subsequently better healing

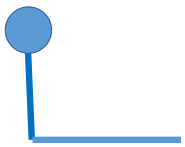
Bed Mobility and Positioning: Keep it Simple!

- If the patient can move themselves at all, allow/encourage them to reposition themselves
- Use assisted devices, when possible
- Define your “Why”
- Create stability
- Use suitable positioning cushions, that don’t move, and use as few as possible

Different Positions

- Review of positions
  - when to use the position
  - reasons to use the position
  - contraindications for the positions
- Whether you're reading a new physician's order to place the patient in a certain position, documenting the position the patient was in, or suggesting a patient position to the doctor

Different Positions: High Fowler's



Different Positions:
High Fowler's

- **Head of bed (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**

Different Positions:
High Fowler's

- **Patient may slump over if they lack the strength to stay sitting upright**
- **MUST be repositioned within two 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**

Different Positions:
Fowler's

Different Positions:
Fowler's

- 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 facilitates peristalsis while minimizing aspiration risk

Different Positions:
Fowler's

- Simply a comfortable position
- Used in the postpartum period to facilitate excretion of lochia
- Best position for continuous feeding via percutaneous endoscopic gastrostomy (PEG) tube or nasogastric (NG) tube

Different Positions:
Semi-Fowler's

Different Positions:
Semi-Fowler's

- 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 catheter 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

Different Positions:
Supine

Different Positions:
Supine

- 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

Different Positions:
Supine

- May be uncomfortable to maintain, increases apnea
- Avoid after first trimester due to the added pressure on vena cava and subsequent hypotension

Different Positions:
Prone

Different Positions:
Prone

- HOB flat, patient on stomach with head to one side
- Not used frequently; used as a therapeutic measure in advanced acute respiratory distress syndrome (ARDS)
- During and after some surgeries

Different Positions:
Prone

- 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)

Different Positions:
Trendelenburg

Different Positions: Trendelenburg

- Flat on back, feet raised higher than head by 15-30^{o}
- 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 Valsalva, it can convert supraventricular tachycardia

Different Positions: Trendelenburg

- During various surgeries
- Respiratory distress to increase perfusion
- Not ideal with increased intracranial pressure (ICP)
- Uncomfortable, if patient is confused putting them in this position may increase fall risk

Different Positions:
Lateral

Different Positions:
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

Bed Mobility:
Hints That Help

RULE #1

Never move a patient that can move themselves

Bed Mobility: Hints That Help

- **If the patient can do any part of the transfer/positioning, you should allow and encourage the patient to do so**
  - **remind the patient that when they go home, they will need to be doing the repositioning by themselves**
  - **increases patient strength and endurance**
  - **less stress on the caregiver**

Bed Mobility: Hints That Help

- If the patient cannot move themselves:
  - use assistive devices to position/move patients if they are available
    - air sheets
    - HoverMatt®
    - roller boards, if needed

Bed Mobility: Hints That Help

- If the patient cannot move themselves:
  - draw sheets/repositioning sheets/glide sheets
  - multiple staff for large moves and obese patients
    - coordinate team moves by counting and moving together
    - be sure all teammates are ready prior to lifting

Bed Mobility: Hints That Help

- **Staff safety**
  - **use your legs, not your back**
  - **raise or lower the bed so it is easier on you**
  - **shift weight, don't lift if possible**

Bed Mobility: Hints That Help

- **Make sure the patient can reach the call light/phone after repositioning patient**
- **Make sure the patient is comfortable prior to leaving**
- **Reassure the patient that you will return to check on them, especially if the patient is immobile**
- **Cushion all pressure points**

Positioning the Patient: Hints That Help

- **Never pull on a patient's arm or leg to position the patient**
  - **could lead to dislocation of shoulders or other joints**
  - **Instead, reach behind the patient's back and pull out the shoulder**
  - **patients with stroke are especially susceptible to shoulder dislocation**

Positioning the Patient in Bed: Semi-Fowler's

- **Patient needs to be sitting up**
  - **"float" heels, if needed**
  - **raise an affected limb with a pillow if swelling is present**
  - **raise the knees of the bed to keep the patient from "scooting down" in the bed**
  - **be sure the feet are not touching the footboard of the bed**

Two tricks for what to do when the semi-Fowler's patient scrunches down into the bottom of the bed? (happens 100 times a day)

Trick #1: Use Trendelenburg

- Put the bed down flat and then put patient into the Trendelenburg position
- Have the patient pull his heels up as close to his buttocks as possible
- If the patient is able to pull with his arms, have the patient grab the side rails or the headboard

Trick #1: Use Trendelenburg

- **Get behind the headboard and grab the draw sheet at the patient's shoulders**
- **Explain procedure to the patient**
- **Count to three (the patient is your teammate in this lift)**
- **Have the patient push with his feet and pull with his arms (if possible) as you pull on the sheet**

Trick #2: The Spinal Scrunch and Release

- **Lay the bed flat**
- **Position the patient's feet close to the buttocks**
- **Reach under the patient's buttocks to the coccyx bone**
- **Cup the coccyx bone in your palm and push the coccyx toward the patient's neck**
- **The patient's spine will "scrunch up"**

Trick #2: The Spinal Scrunch and Release

- Then reach over the patient's shoulders and grasp the patient by both shoulder blades and pull the patient into the sitting position
- Lower the patient back on the bed
- The patient will move up the bed from 1-3 inches each time you do this procedure

Trick #2: The Spinal Scrunch and Release

- It may take 2-4 times, but the patient will move up the bed
- This procedure is very easily done

Positioning Patient in Bed: Lateral

- Prior to moving a patient, check all attachments to make sure they will not be pulled during the transfer:
  - intravenous (IV) tubing
  - catheters
  - feeding tubes
  - oxygen tubing
  - chest tubes
  - tracheal tubes

Positioning Patient in Bed: Lateral

- Move patient to one side of the bed
  - bend upper knee over the lower leg
  - shift shoulders the side
  - then move hips to the side
- Rotate the patient's torso forward by pushing on the upper hip and shoulder at the same time

Positioning Patient in Bed: Lateral

- Place a pillow between the patient's legs - pillow should be lengthwise padding both the knees and then ankles
- Place a pillow or wedge behind the patient's back to keep them from rolling back to their back

Positioning Patient in Bed: Lateral

- Always raise the side rail at the back of the patient before moving to the other side
- Go to the other side of the bed
- Position the patient's head on the pillow
- Reach under the patient and pull the lower shoulder out (never pull the patient's arm)

Positioning Patient in Bed: Lateral

- Place the upper arm on a pillow to fill in the space between the bed and the upper arm
- Be sure the patient can access the bed alarm
- Raise the side rail prior to leaving the patient

Positioning Patient in Bed: Goals

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