

Section: Division of Nursing  
Approval: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
**PROCEDURE**  
\*\*\*\*\*

Index: 7420.018a  
Page: 1 of 8  
Issue Date: February 22, 1994  
Revised Date: April 9, 2010

HACKETTSTOWN REGIONAL MEDICAL CENTER

Originator: E. Murphy, RN  
Revised by: ML Mason RN

OR  
(Scope)

**TITLE: POSITIONING PATIENTS IN THE OPERATING ROOM**

---

**PURPOSE:** Outline the nursing role in positioning patients for surgical intervention

**SUPPORTIVE DATA:** Patient positioning in the OR provides access to the surgical site, patient airway, IV lines, monitoring devices and indwelling catheters. It should not compromise the circulatory, musculoskeletal, nervous, integumentary or respiratory system. Patients correct body alignment is maintained. After positioning the patient the nurse should evaluate the patient's body alignment and tissue integrity. The evaluation should include but not limited to:

1. Respiratory
2. Circulatory
3. Neurologic
4. Muscle Skeletal
5. Integumentary

**EQUIPMENT LIST:** All equipment comes from OR Equipment Room.

- A. Supine Position
  1. OR table
  2. Foam elbow pads
  3. Arm boards
  4. Arm straps
  5. Body strap
  6. Blankets
  7. Pillow
- B. Prone Position
  1. OR table
  2. Foam elbow pads
  3. Arm Boards
  4. Axillary rolls (towels)
  5. Arm Strap
  6. Body strap
  7. Donut
- C. Lateral Position
  1. OR table
  2. Arm boards
  3. Mayo stand
  4. Pillow
  5. Blankets
  6. Foam elbow pads
  7. Arm straps
  8. Body strap
  9. Positioners (2)
  10. Positioner holders
  11. Peg board
  12. Bean bag positioner (1)
- D. Lithotomy Position
  1. OR table
  2. Arm boards
  3. Arm straps
  4. Stirrups (reg, Allen or yellow fins)
- E. Semi-Fowlers
  1. OR table
  2. Arm boards
  3. Arm straps
  4. Body strap

- F. Trendelenburg
1. OR table
  2. Arm boards
  3. Arm straps
  4. Body strap
  5. Foam elbow pads
- G. Reverse Trendelenburg
1. OR table
  2. Arm boards
  3. Arm straps
  4. Body strap
  5. Footboard
  6. Foam elbow pads
  7. Blankets
  8. Pillow
- H. Jackknife (Kraske's) Position
1. OR table
  2. Arm boards
  3. Arm straps
  4. Body strap
  5. Axillary rolls (sheets)
  6. Foam elbow pads
- I. Beach Chair Position
1. Footboard
  2. Pillow
  3. Shoulder Roll
  4. Donut
  5. Tape
  6. Tenet beach chair positioner
- J. Knee Chest Position
1. OR table
  2. Foam elbow pads
  3. Arm Boards
  4. Andrews frame
  5. Andrews frame kit
  6. 2 pillows
  7. Donut

CONTENT:

PROCEDURE STEPS:

KEY POINTS:

A. SUPINE POSITION

1. Transfer patient from stretcher to OR table (2 people). Patient alert and able to transfer self.
2. Ask patient to feel both sides of OR table and to center self on table accordingly.
3. Place body strap over patient's legs above knee level, over blanket or sheet. Not too tight, two inches above knees.
4. Place arm boards at shoulder level at less than 90° angle from table. Do not extend arms out past 90° to avoid damage to brachial plexus by stretching.
5. Place arm strap over each arm. Place foam protectors under elbows.
6. Place patient's pillow under head.
7. Pillow may be placed under knees. Padding above popliteal space. Lumbar support helps reduce chances for post-op back pain. Knee padding should never be placed directly under popliteal space to avoid nerve damage for procedure two (2) hours or longer.
8. Place foam rings under heels.

9. Keep patient covered during transfer and positioning.
10. If arms at sides tuck each arm under the draw sheet in neutral position.
11. Place foam under coccyx for procedures.

Hands and fingers out straight, not under body, elbow supported by draw sheet or resting on table.

B. PRONE POSITION

1. Place donut at head of table.
2. Wheel patient into room.
3. Explain to patient that he/she will be anesthetized on stretcher first.
4. Place all monitors on patient and assist anesthesiologist with induction.
5. Maintain side rails on stretcher up at least half way during induction.
6. Lock wheels on stretcher during induction.
7. Lower side rails and transfer patient to OR table, secure airway, monitors and IV lines flipping patient from back to front.
8. Move stretcher away.
9. Assist anesthesiologist with airway, monitors and IV lines.
10. Hold patient's arms at sides.
11. Place arm boards on table at shoulder level at approximately 30° angle from body in an upward position.
12. Rotate arms and shoulders to place on arm boards. Pad elbows.
13. Place axillary roll under each axilla.
14. Place straps over arms.
15. Check female breasts for position.
16. Check male genitalia for position.
17. Place foam pads under each knee and under each foot.
18. Place body strap over lower thighs.
19. If not using footboard extend legs out on table.

Maintain cervical neck alignment. Provide protection for forehead, eyes and chin.

Minimum of four (4) people are required for transfers:  
1 at head (anesthesia)  
1 at each side  
1 at legs

Use rolled sheets or towel for this.

Make sure breasts are not compressed.

Assure male genitalia hang free.

C. LATERAL POSITION

1. Wheel patient into room.
2. Have patient transfer self from stretcher to OR table. Have a person stand by OR table. If using pegboard place on or bed prior to positioning patient on bed.
3. Place body strap over thighs.
4. Place monitors per procedure.
5. Assist anesthesiologist with induction.
6. Secure enough people for patient positioning. At least four (4) people required for positioning:  
1 at head (anesthesia)  
1 at each side  
1 at legs
7. Pull patient to edge of table (non-operative side). If using bean bag: place bean bag on bed prior to patient on table. Turn patient operative side up. Attach to suction. Bag will harden. Check for pressure points.
8. Turn patient on side with operative side up.
9. Assist anesthesia with airway, monitors and IV lines.
10. Put donut under head.
11. Put lower arm on arm board; secure with arm strap.
12. Place axillary roll in lower axilla. May be rolled towel or sheet.
13. Place upper arm on a mayo stand with pillow on tray; secure arm with strap. Make sure upper arm is not higher than shoulder.
14. Place body positioners and holders in place on table; adjust accordingly.
15. Flex lower leg; put pillow between thighs.
16. Upper leg should be extended - body strap on.
17. If more stabilization needed, place 3" cloth tape over hip area and secure to OR table. Make sure all pressure points are padded, no systems are compromised.
18. Do final over-all body check before draping.
19. Re-evaluate position periodically during case.

D. LITHOTOMY

1. Remove head position of OR table. Patient will be positioned low on OR table.
2. Place one stirrup on table at opposite side of where patient will be transferred on to OR table. Lower end of OR table will be dropped.

3. Wheel patient into room.
  4. Explain to patient about break in OR table and instruct him/her that bottom (buttocks) should be in hole in table. Extra sacral padding for long procedures.
  5. Transfer patient to OR table.
  6. Place two (2) arm boards at shoulder level at less than 90° angle. To avoid stretching and possible damage to brachial plexus.
  7. Place patient's arms on boards, put foam elbow pads on, and secure with straps.
  8. Place another holder with stirrup on table to equal height with previously placed stirrup. Even level of both stirrups may help prevent joint injury.
  9. Place monitors on patient. Whenever possible, both legs should be raised simultaneously. Physician's preference usually dictates type of stirrup used.
  10. Assist anesthesiologist with induction.
  11. With okay from anesthesiologist, raise legs and place in stirrups. Maintain minimal external rotation of hips.
  12. Verify that level of stirrups is even. Avoid undue strain on hip joint.
  13. Secure legs and feet to stirrup. Pad lateral or posterior knees and ankles to prevent pressure and contact with metal surfaces.
  14. Lower foot end of bed. Patient's perineum should be right at end of table.
  15. Remove lower end and pad from foot end.
  16. Review whole body for pressure points.
  17. At end of procedure, raise foot end of bed. Helps compensate for venous return.
  18. Legs must be lowered simultaneously.
- E. SEMI-FOWLERS
1. Follow steps as in Supine Position. It is a modified Supine position.
  2. Raise the back portion of table to flex patient at waist.
  3. Lower bottom portion of table approximately an equal amount as the flexion of upper half (flexed at patient knees). Helps reduce strain on patient's back muscles.
  4. Padding should be placed under all pressure points. Foam elbow pads for padding.
  5. Place arm boards less than 90° and arms secured with arm straps.

F. TRENDELENBURG

1. Follow steps for Supine position.
2. Make sure knees are over break in table.
3. Flex lower end of table.
4. Tilt the whole table head down slowly.

Movement should be done slowly to allow body time to adjust to change in blood volume, respiratory exchange and displacement of abdominal organs. Lower portion should remain parallel to floor

G. REVERSE TRENDELENBURG

1. Follow steps for Supine position.
2. Place padded footboard at bottom of table.
3. Tilt whole table feet down.

It is a modified Supine position.

To support patient's weight.

H. JACKKNIFE (KRASKE'S) POSITION

1. Follow steps for Prone position but make sure the center break of table is under patient's hips.
2. Flex table to a 90° angle.

It is a modified Prone position with flexed at center.

Hips are higher than head or legs.

I. Beach Chair Position

1. Wheel patient into OR
2. Transfer patients to OR table. Follow steps for supine position.
3. Assist anesthesiologist with induction
4. Place donut under head
5. Place shoulder roll
6. Place pillows under knees and resecure safety strap.
7. Place padded footboard at bottom of table
8. Place head at 60°.
9. Place foot down at 45°.
10. Hang operative arm for prep.
11. Place non-operative arm on armboard
12. If needed secure body with tape.

To support patient's weight.

May use Tenet beach chair positioner with disposable Tenet face mask.

J. Knee Chest Position

1. Obtain Andrews frame from OR equipment room.
2. Patient will be intubated on stretcher and leg rolled to OR table on MD count.
3. Do not reverse bed.

4. Remove leg pad and bucky.
5. Attach Andrews pad and frame to OR table by sliding frame on OR table rails and tighten into position.
6. Place handle crank and knee pads under boot of OR table.
7. Obtain Andrews frame kit and apply to patient's feet and frame when patient is positioned (MD will assist).
8. Place donut at head of table.
9. Wheel patient into room.
10. Explain to patient that he/she will be anesthetized on stretcher first.
11. Place all monitors on patient and assist anesthesiologist with induction.
12. Maintain side rails on stretcher up at least half way during induction.
13. Lock wheels on stretcher during induction.
14. Lower side rails and transfer patient to OR table, secure airway, monitors and IV lines flipping patient from back to front.
15. Move stretcher away
16. Assist anesthesiologist with airway, monitors and IV lines.
17. Hold patient's arms at sides.
18. Place arm boards on table at shoulder level at approximately 35° angle from body in an upward position.
19. Rotate arms and shoulders to place on arm boards. Pad elbows.
20. Place pillow under patient's chest with assistance from surgeon.
21. Place straps over arms.
22. Check female breasts for position.
23. Check male genitalia for position.
24. Recheck and evaluate positioning and pressure points prior to draping.

Minimum of four (4) people are required for transfers:  
1 at head (anesthesia)  
1 at each side  
1 at legs

Make sure breasts are not compressed.  
Assure male genitalia hang free.

ELECTRONIC  
DOCUMENTATION:

Document the following:

1. Date
2. Time (start and finish)
3. Procedure
4. Position
5. Positional aides used (equipment, pillows, padding, etc.)

REFERENCES: Spry, Cynthia; 2003; ESSENTIALS OF PERI-OPERATIVE NURSING; Maryland: Aspen Publishers  
Second Edition, September 2003, Alexander Caug, The Patient in Surgery, 2003, Perioperative Nursing,  
Principles & Practice (1996), AORN Standards, Recommended Practices, and Guidelines (2004)