

## POSITIONING THE RESIDENT

### PURPOSE:

1. To change the resident's position using good body mechanics.
2. To relieve pressure and prevent skin breakdown.
3. To relieve pain.
4. To promote proper body alignment.

### EQUIPMENT:

1. Pillows large and small as indicated.
2. Positioning devices such as wedges, sand bags, etc.
3. Food board as indicated.
4. Trocanter and hand rolls as indicated.
5. Protective devices as indicated.
6. Other equipment necessary to maintain resident in good body alignment.

### PROCEDURE:

1. Explain procedure to resident; guide rather than lift unless resident is helpless.  
**ALWAYS OBTAIN HELP WHEN NEEDED. LOOSEN RESTRAINTS WHEN POSITIONING OR MOVING A RESIDENT IN BED.**
2. Adjust your own posture.
  - A. Use good body mechanics:
    - 1) Maintain wide base of support with feet apart.
    - 2) Stand with one foot forward, toes pointed in direction of movement.
  - B. Maintain natural spinal curves.
    - 1) Stabilize pelvis.
    - 2) Chest up and forward.
    - 3) Head erect.
3. Stand close to resident, bend from hips and knees.
4. Arrange a signal for nurses and resident to work together.
5. **TO PULL RESIDENT TO NEAR SIDE OF BED:**
  - A. Slip both hands under resident's shoulders, palms up.
  - B. On signal, pull toward you.
  - C. Slip hands, one low at the back, the other under hips close to thighs, palms up. On signal, pull toward you. Place hands under knees and ankles and pull toward you. **NOTE: SUPPORT JOINTS AT ALL TIMES FROM BELOW.**
6. **TO TURN RESIDENT ON SIDE:**
  - A. Put side rail up on far side of bed.
  - B. Adjust arms; far arm on pillow above head, near arm across chest.
  - C. Adjust legs; near leg over far leg.
  - D. Roll gently away, placing one hand on resident's near hip, the other on near shoulder.
  - E. Flex upper knee to keep resident from rolling on abdomen.
  - F. Adjust shoulders, hips, knees and ankles for comfort.
  - G. Support with pillows as necessary.

NOTE: BE SURE RESIDENT IS NOT LYING ON ARM OR CATHETER DEVICES.

7. TO RAISE RESIDENT TO SITTING POSITION IN BED:
  - A. Face head of bed, keeping outer leg forward.
  - B. Nurse and resident lock arms.
  - C. Support shoulders with other arm.
  - D. Bend at hips and knees. On signal, help resident to sit up.
  - E. In reverse manner, help resident to lie down.
8. TO MOVE RESIDENT UP IN BED:
  - A. When resident can sit up:
    - 1) Assist resident to sitting position.
    - 2) Place resident's hands flat on bed above buttocks.
    - 3) Place one arm across lower back and other arm under knee close to thighs.
    - 4) Instruct resident to push with feet and, on signal, guide hips toward head of bed.
  - B. When resident cannot sit up and assist:
    - 1) Flex resident's knees.
    - 2) Have resident flex elbows and place palms on mattress.
    - 3) Slip one hand under shoulder and the other under hips.
    - 4) Instruct resident to push with feet, lift his/her head, and move toward the head of the bed as nurse assists him/her into position.
  - C. When resident can hold his/her head but cannot use arms:
    - 1) A nurse stands on each side of bed.
    - 2) Flex resident's arms across chest.
    - 3) Flex resident's knees.
    - 4) Each nurse places one arm under resident's shoulders and the other under the hips.
    - 5) Instruct resident to hold up his/her head and push with his/her feet as nurses assist him/her into position.
  - D. When resident is helpless:
    - 1) Two nurses lifting:
      - a) Two nurses may stand on same side or one on each side.
      - b) Flex resident's knees.
      - c) One nurse supports the head, shoulders and back by placing one arm across the back to the opposite axilla. With nurse's free hand, he/she lifts and arranges the resident's head so that it rests comfortably on his/her arm. Nurse places his/her other arm across the small of the resident's back.
      - d) The second nurse places one arm across the back, the other under the thighs. If nurses are on opposite sides of the bed, head and shoulders may be supported with pillow.
      - e) Both nurses lift resident into position desired.
    - 2) To use a pull sheet under resident.
      - a) Nurse on each side of bed.
      - b) Grasp sheet firmly at shoulder and hips.
      - c) On signal, move resident to head of bed.

9. DORSAL RECUMBENT POSITION:
  - A. Assist resident into comfortable position on back.
  - B. Place pillow beneath head with lower edges under shoulders.
  - C. Provide foot support.
  - D. Flex knees for resident comfort.
10. FOWLER'S POSITION:
  - A. Assist resident to move up in bed.
  - B. Elevate head of bed slowly to 45-degree angle position.
  - C. Elevate knees so thighs are at 45-degree angle to body.
  - D. Support forearms on folded pillows if necessary.
11. LOW FOWLER'S POSITION:

Proceed as above. Angle of bed should be one-half of 45-degree elevation or approximately 25 degrees.
12. ORTHOPNEIC POSITION:
  - A. Assist resident into high-sitting position in bed or on the side of the bed.
  - B. Place over-bed table in front of resident.
  - C. Place pillow on top of over-bed table.
  - D. Assist resident to rest forward on pillow.
  - E. Arrange pillows at back to provide support.
  - F. Cover shoulders and back for comfort.
13. MODIFIED SIM'S POSITION:
  - A. Remove all pillows except one under head.
  - B. Lower bed to flat or low Sim's position.
  - C. Assist resident to turn on side.
  - D. Bring lower arm to front of body.
  - E. Assist resident to flex upper leg.
  - F. Place pillow, with waterproof protector, between legs.
  - G. Support back with pillow.
14. PRONE POSITION:
  - A. Remove all pillows.
  - B. Assist resident to turn onto abdomen.
  - C. Place small pillow under head if resident desires.
  - D. Resident's head must be turned to one side.
  - E. Place small pillow under abdomen if necessary to straighten curve of back.
  - F. Place pillow between knees and ankles to provide for normal position of feet.
15. Sheets should be smoothed and tightened during position changes to prevent creasing resulting in pressure.
16. Perform range of motion activities during position changes to prevent joint contracture and loss of muscle tone unless contraindicated.

