

Positioning

Clients who spend a lot of time in bed often need help getting into comfortable positions. They also need to change positions periodically to avoid muscle stiffness and skin breakdown or pressure sores. **Positioning** means helping clients into positions that will be comfortable and healthy for them. Bed-bound clients should be repositioned every two hours. Document the position and every time there is a change.

Which positions a client uses will depend on the diagnosis, the condition, and the client's preference. Remember, even immobile clients may not stay in the position you put them in. Recheck them periodically. Always keep principles of body mechanics and alignments in mind when positioning clients. Also, check for skin whiteness or redness, especially around bony areas, each time you reposition a client.

The following are guidelines for positioning clients in the five basic body positions:

1. **Supine (sue-pine):** In this position, the client lies flat on his back. To maintain correct body position, support the client's head and shoulders with a pillow. You may also use pillows or rolled towels or washcloths to support his arms (especially a weak or immobilized arm) or hands. The heels should be "floating." This is done by placing a very firm pillow under the calves so the heels do not touch the bed. Pillows or a footboard can be used to keep feet flexed slightly.
2. **Lateral/Side:** A client in the lateral position is lying on either side. There are many variations in this position. Pillows can be used to support the arm and leg on the upper side, the back, and the head. Ideally, the knee on the upper side of the body should be flexed, with the leg brought in front of the body and supported on a pillow. There should be a pillow under the bottom foot so that the toes are not touching the bed. If the top leg cannot be brought forward and instead rests on the bottom leg, pillows should be used between the two legs to relieve pressure and avoid skin breakdown.

3. **Prone:** A client in the prone position is lying on the stomach, or front side of the body. This is not a comfortable position for many people, especially elderly people. Never leave a client in a prone position for very long. Always check the care plan before using the prone position. In this position, the arms are either at the sides or raised above the head. The head is turned to one side and a small pillow may be used under the head.
4. **Fowler's:** A client in the Fowler's position is in a semi-sitting position, with the head and shoulders elevated. The client's knees may be flexed and elevated using a pillow or rolled blanket as a support. The feet may be flexed and elevated using a pillow or rolled blanket as a support. The feet may be flexed and supported using a footboard or other support. The spine should be straight. In a true Fowler's position the upper body is raised to a point halfway between sitting straight up and lying flat. In a semi-Fowler's position, the upper body is not raised as high.
5. **Sims:** The Sims' position is a variation on the lateral, or side position. The lower arm is behind the back and the upper knee is flexed and raised toward the chest, using a pillow as support. There should be a pillow under the bottom foot so that the toes are not touching the bed.

Use the positions indicated in the care plan. In general, use positions that are natural and comfortable for the client. Always check the skin for signs of irritation whenever you reposition a client.

TURNING A CLIENT IN BED

1. Wash your hands.
2. Explain to the client what you are about to do, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
3. Give privacy if the client wants it.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. With the client in supine position and centered in the bed, stand at the side of the bed client will face. Place the client's near hand palm-up under his/her hip.
6. Lift the client's far leg over his/her near leg, flexing the knee.

7. Assume a good stance; your feet hip width apart, your knees bent, and one foot slightly in front of the other.
8. Grasp the client's far shoulder and far hip. Count to three, rocking your weight forward and back on each count. On three, roll the client on his/her side.
9. Use whatever pillows or supports are necessary to be sure, the client is in comfortable position, with good body alignment. Arrange the bed covers so that the client is comfortable. If you raised an adjustable bed, be sure to return it to its lowest position.
10. Wash your hands
11. Document the procedure and any observations.

LOG ROLLING A CLIENT

1. Wash your hands.
2. Explain to the client what you are about to do, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
3. Give privacy if the client wants it.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. Move the client to the side of the bed you are standing on. To do this, assume a good stance; your feet hip width apart, your knees bent, and one foot slightly in front of the other. Slip your arms under the client's shoulders and move him/her toward you by rocking your weight backwards onto your back foot. Keep your knees bent. Be careful not to slide the client across the sheets to cause **shearing** (pressure on the skin from sliding across another surface), which can lead to pressure sores.
6. Keeping the same good stance, slide your arms under the client's hips and shift them toward you, as you did his/her shoulders. Make sure the client's head and legs are in alignment with his/her shoulders and hips before continuing with the procedure.
7. If available, raise the side rail on the side of the bed the client is not closest to. If no side rail is available, be sure the client is safe and stable before moving to the next step.

8. Move to the other side of the bed and lower the side rail if there is one.
Assume a good stance.
9. With your knees bent, grasp the client with one hand on the far hip and one on the far shoulder. Roll the client toward you onto his/her side.
10. Check the client's body alignment. Arrange pillows and covers for comfort.
Raise the side rail if available and if necessary for client's safety. If you raised an adjustable bed, be sure to return it to its lowest position.
11. Wash your hands.
12. Document the procedure and any observations.

THINGS YOU CAN DO TO HELP MAKE YOUR CLIENT COMFORTABLE

There are several things you can do to provide for the comfort and safety of your client in and around the bed:

1. Have plenty of pillows available to provide support in the various positions.
2. Using positioning devices (such as backrests, bed cradles and tables, footboards, and hand rolls).
3. Give back rubs for comfort and relaxation.
4. Change positions frequently (every two hours) and as directed in the care plan.
5. Always maintain the client's body alignment.

TRANSFERRING

If assistance is needed, find out the person's strengths and weaknesses. Often one side of the body is stronger. The stronger side should be transferred first. When lifting, transferring, or carrying a physically restricted person, observe the following principles of body mechanics. Practicing them will help prevent possible strain or injury to your lower back, and will insure a safe lift for the person you are lifting.

I. LIFTING:

A. First, plan the job.

B. Make sure ample room is available for good footing, and the path is cleared for the carry.

- C. Stand so you will not have to twist as you lift.
- D. If the weight of the person is more than one-fourth of your body weight, you should get someone to help you. Also, get assistance if lifting the person is awkward.
- E. Your back should be kept as straight as possible.
- F. Lift by straightening your legs in a steady upward thrust and, at the same time, move your back to a vertical position.
- G. The weight of the person should be kept close to your body and over your feet.

II. CARRYING:

- A. Carry the person as close to you as possible.
- B. Keep your back straight, not arched.
- C. Do not twist. Change direction by taking small steps and turning the whole body at once.

III. LOWERING:

- A. Spread your legs to hip width, and lower the person between your feet.
- B. Hold your back straight and steady, even when you lean forward.
- C. Lower in a slow and even manner while bending your legs.
- D. Do not twist your body. To turn, move your feet.

TRANSFERRING: Although some individuals who use a wheelchair have sufficient arm strength and coordination to transfer into and out of their chair by themselves, many will need assistance. Various types of transferring techniques can be used to move someone from one place to another when carrying is not necessary. The individual's weight and physical ability to help, as well as your own strength, are important factors in deciding which technique will be most appropriate. The individual will also be able to tell you more specifically what seems to work best from experience.

V. WHEELCHAIRS:

- A. Make sure the chair is locked when removing or seating the person.
- B. Pull the wheelchair backwards up steps or curbs.
- C. Adjust the height of the foot pedals so the person is sitting at a 90 degree angle at the hip and knee.

D. When removing or seating the person, the following procedure is suggested as easy for you and most comfortable for the person:

Before you begin, make sure you have put up the foot pedals or swung them out of the way. Place your arm around the person under his or her arm at the armpit. Place your other arm under the person's knees. Or face the person in the chair. Secure a hold under each arm, and lift the person out of the chair.

VI. LIFTING AND MOVING(from bed to wheelchair):

A. Always begin the lifting procedure by moving the person to the edge of the bed. First, move the upper trunk, then the legs one at a time. Repeat this until the person is near the edge of the bed. Repeated movement of the trunk and legs is easier than lifting the person as a whole all at once.

B. Remember, bend from your knees, not from your waist. If you must bend from the waist, tighten your stomach muscles while bending and lifting. This reduces pull on the back muscles. Keep your back straight at all times. The following are step-by-step procedures which will make lifting and transferring safer and easier.

VII. THE ONE-PATIENT TRANSFER:

A. Prepare for the lift.

1. Place a belt around the person's waist.
2. Place wheelchair at a slight angle to the side of the person's bed.
3. Lock both brakes on the wheelchair.
4. Remove the armrest of the wheelchair on the side next to bed, if possible. This helps prevent bumping the person's hips or buttocks and allows for lifting without lifting too high.
5. Swing away the legrests of the chair. If legrests will not swing away, lift the pedals to avoid interference during the transfer.
6. If the person has a catheter, be sure the bag is lower than the bladder and that both bag and tubing are out of the way. (This applies equally to transfers from a wheelchair to a surface and from a surface to a wheelchair.)
7. Stabilize the bed, so it will not move.

B. Steps in the one-person transfer.

1. Place the person's legs over the side of the bed with the knees near the bed's edge.

2. Place the person's hands in his or her lap.
3. Place your arms under the person's armpits and around the back.
4. Raise the person to a sitting position on the side of the bed. Do not let go unless the person can sit alone without support.
5. Gradually slide the person forward until the person's feet are flat on the floor. Place your feet in a "v" on both sides of the person's feet for support. Have your feet far enough apart to give you a good base of support. Your knees should be on each side of the person's knees.
6. Have the person lean forward. If possible, place the person's arms around your shoulders. Allow the person to reach with an outside arm for the far wheelchair arm.
7. Bend your hips and knees while keeping your back straight. Place your arms around the person's waist. Grip the person's belt on both sides toward the back with your hands. (If the person is not wearing a belt, a safety belt may be put on during the preparation stage.)
8. Keep the person's knees stabilized. Count 1-2-3, then pull forward on the belt to lift the person.
9. When the person is high enough to clear the armrest or chair surface, turn by taking small steps. Be sure to keep the person's knees blocked with your own knees.
10. When turned, bend your hips to squat and lower the person to the chair's seat.
11. Replace the footrests, then the armrest.
12. Remove the belt, if necessary.
13. Fasten the seat belt on the chair.
14. Repeat the procedure from steps 5 to 11 when transferring from a chair to the bed or other areas. Remember to move any catheter bags or tubes out of the way prior to lifting.

C. Alternate lifts: use only to lift a very small person.

1. Prepare for the lift by following the same procedure as outlined in steps 1-6 in the one-person transfer. 2. If the individual is totally incapable of assisting you and you are alone without another's assistance, follow the procedure listed below. (If the person is more than one-fourth of your body weight, try not to lift the person by yourself.)
 - a. Move the person to the side of the bed in a lying position.

- b.** Fold the person's arms across his or her chest.
- c.** Place your feet far enough apart to give you a good base of support.
- d.** Bend your knees slightly.
- e.** Place one of your arms under the person's neck.
- f.** Place the other arm under the person's knees.
- g.** Using the strength in your legs, draw the person close to your body and lift up while keeping your back straight.
- h.** Take small steps to the wheelchair. Remember to keep your knees bent. Carefully place the person in the seat of the chair.
- i.** Check on the person's sitting position and adjust the wheelchair seat belt.
- j.** Fasten the seat belt.
- k.** Repeat the procedure to lift an individual from a wheelchair to another area (e.g., to a bed or couch).