



# Positioning OR Patients to Prevent the Development of Pressure Ulcers

Prevention of Perioperative Pressure Ulcers  
Tool Kit

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- Debra L. Fawcett PhD, RN, is the Manager of infection prevention and control at Eskenazi Health Services, Indianapolis, Indiana, and has been a perioperative nurse for over 30 years. Dr. Fawcett received her associate and bachelor's degrees in nursing from Indiana University Kokomo, her master's degree in nursing from Ball State University Muncie, and her PhD in nursing from the University of Cincinnati, College of Nursing and Health. Dr. Fawcett focused her dissertation on pressure injuries and support surfaces in the OR. Since that time, she has authored several articles on various subjects, completed and published a chapter on surgical positioning in the OR, and presented on pressure injuries and pressure ulcers in the OR all over the world, including Kenya and Oxford, England. Dr. Fawcett has served as a panel member for National Pressure Ulcer Advisory Panel (NPUAP). As a past member of the AORN Board of Directors, Fawcett had the opportunity to present on pressure injuries and positioning to many chapters. Dr. Fawcett is active in AORN serving on several committees over the years, including membership, research, mentoring task force, and as academic liaison. She has presented at AORN Expo on pressure ulcers multiple times. She has developed classes on perioperative education, pressure injuries, positioning, and mentoring. She is a member of Sigma Theta Tau, APIC, IU Alumni Association, and a member of the Indianapolis Patient Safety Coalition where she serves on the perioperative task force.

# Disclosure Information

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# Objectives

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- Discuss what knowledge is needed to prevent pressure ulcers (PU) in the OR.

# Patient Positioning

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Positioning is just one aspect in the prevention of pressure ulcers that begin in the OR.

The most important factor in positioning is knowledge of the

- risks
- procedure
- position
- devices
- surfaces
- effects of anesthesia

# Development of a Pressure Ulcer

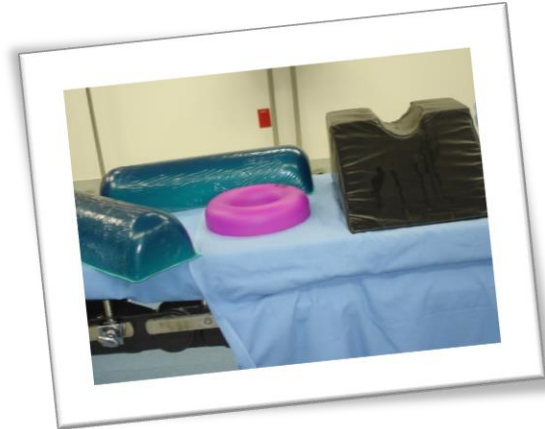
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- Results in:
  - Increased pain/discomfort
  - Increased hospital stays
  - Possible disfigurement
  - Increased hospital costs
  - Loss of income for the institution
    - Often the cost of treating a pressure ulcer is 2.5 times greater than prevention (Ayello & Lyder, 2007)

# Development of a Pressure Ulcer

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- A pressure ulcer in the OR usually results from extended periods of pressure with inability to move, inadequate pressure redistribution surfaces, incorrect use of positioning devices, or improper positioning (Fawcett. 2010)





# To Position the Patient

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Use forethought;

- Know the procedure
- Know the position
- Understand the effects of anesthesia
- Understand the effects of pharmacology
- Understand the skin bloodflow process
- Know the patient risks (co-morbidities)

# To Position the Patient

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- Plan ahead:
  - Prepare all needed materials in advance
  - Do not do workarounds (no IV bags)
  - Communicate patient risks with team ahead of the procedure
  - New surfaces – what do they do?
  - Are all devices working correctly?
  - After the patient is positioned make sure all pressure points are protected
  - Watch the team to determine if any extra weight has been placed on the patient (Mayo stands, etc)

# Surfaces

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- Choose surfaces that reduce relieve, or redistribute pressure
- Choose what is best for your patient population.
- Many types of surfaces out there.
- A pressure ulcer for a surgical patient may actually begin before the patient is taken to the OR.



# Consideration

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- All surgical patients should be considered at risk for a pressure ulcer. Many factors in the OR are uncontrollable .
- All information related to the procedure, length of procedure, risk factors, anything unusual should be reported to the PACU unit staff after the surgery so that prevention processes can be put in place.



# Communication

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Often communication of the patient position is not part of the hand off communication tool (e.g., SBAR report). Good communication is important.

Must report to PACU/Unit nurses:

- How long the patient was in the surgical position
- How much blood the patient lost
- Whether a skin assessment done prior to transport
- Whether any special positioning devices were used
- How long was the patient in the holding/preop area
- Whether the patient immobile was prior to the surgical procedure

# Communication

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- Return communication
  - During a recent national questionnaire, 9 of 10 respondents stated that once the patient left the OR suite, they never knew if the patient developed a pressure ulcer.
  - Staff never knew if any pressure ulcers were attributed to the OR.
  - OR staff needs to investigate and be aware of the incidence of suspected or confirmed pressure ulcers from the OR so that they can
    - address the issues
    - identify if there was a break in process
    - educate staff
    - work to prevent additional occurrences of pressure ulcer.

# References

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**The End**

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