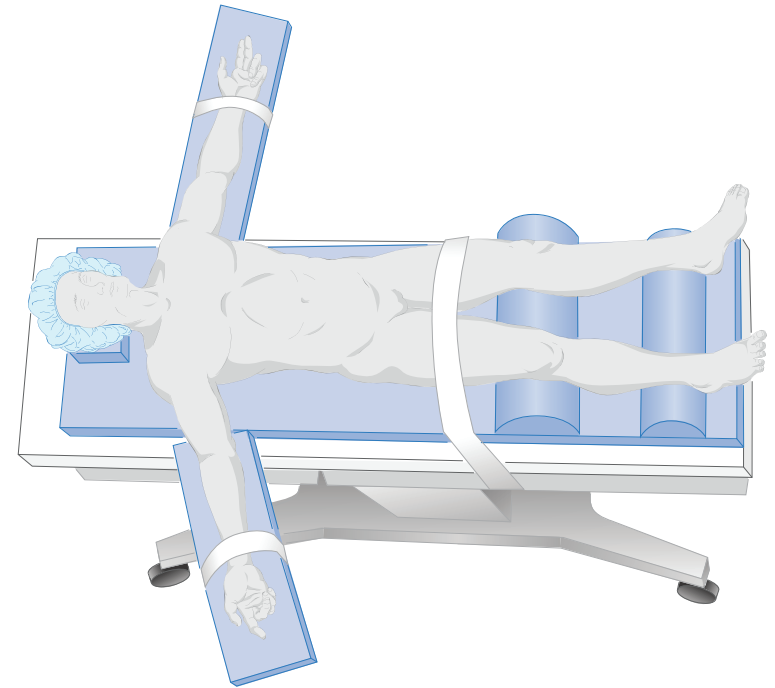




# AORN POCKET POSITIONING CARDS

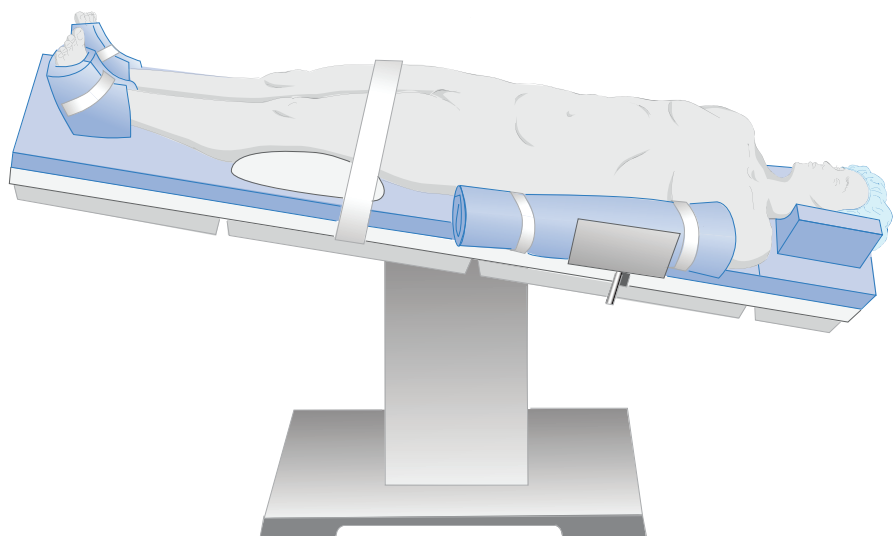
## ALL POSITIONS

1. Place the head in neutral position
2. Position the patient's arms:
  - a. tucking them at the sides with a draw sheet,
  - b. securing them at the sides with arm guards,
  - c. flexing and securing them across the body, or
  - d. extending them on arm boards
3. When extending patient's arms on arm boards:
  - a. place the arms in a supinated position (ie, palms facing up),
  - b. use padded arm boards
  - c. level the arm boards with the OR bed mattress,
  - d. do not abduct the arms more than 90 degrees
  - e. do not position the arms above the head
  - f. avoid flexion of the elbow
  - g. maintain the arms and wrists in neutral alignment
  - h. do not hyperextend the elbow,
  - i. secure the arms to the arm boards
4. Apply safety restraints in a manner that safely secures the patient



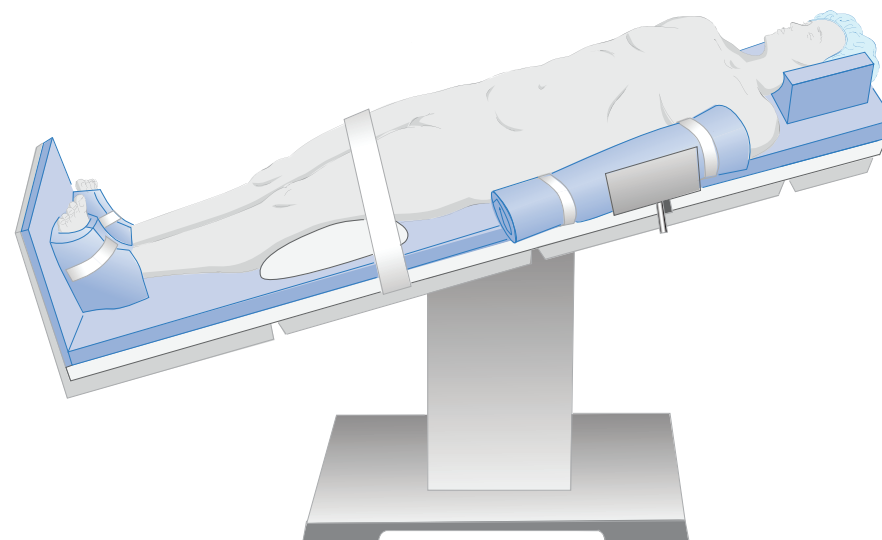
## SUPINE POSITION

1. Place the safety strap approximately 2 inches (5 cms) above the knees
2. Flex the patient's knees approximately 5 to 10 degrees
3. Position the patient's legs parallel with the ankles uncrossed
4. Do not hyperextend or hyperflex the feet
5. Elevate the patient's heels off the underlying surface



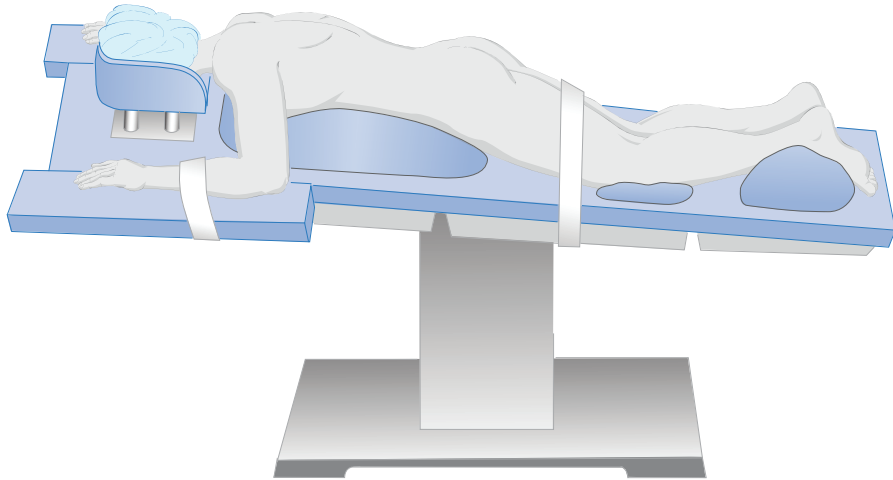
## TRENDELENBURG POSITION

1. Secure the patients arms by:
  - a. Tucking them at the sides with a draw sheet
  - b. Securing them at the sides with arm guards
2. Prevent the patient from sliding by:
  - a. Using convoluted foam or viscoelastic gel overlays
  - b. Vacuum-packed positioning devices
  - c. Other positioning devices designed for this purpose
3. Do not use shoulder braces
4. Do not use circumferential wrist restraints



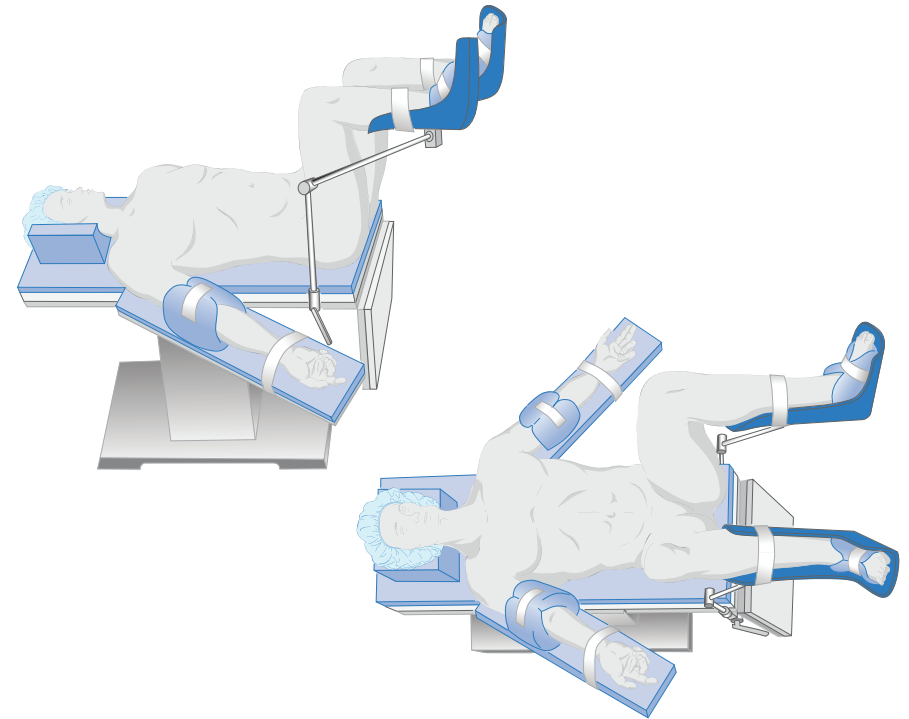
## REVERSE TRENDELENBURG POSITION

1. Use a padded footboard
2. Monitor the patients' feet throughout the procedure



## PRONE POSITION

1. Assess and monitor the patient's eyes
2. Do not use a horseshoe-shaped head positioner
3. Make sure the head is level with or higher than the rest of the body if possible
4. Position the patient's arms by:
  - a. tucking them at the sides with a draw sheet
  - b. securing them at the sides with arm guards,
  - c. placing them on an arm board positioned parallel to the OR bed, or
  - d. placing them on an arm rest with adjustment joints designed for this purpose.
5. Position the patient on two chest supports that extend from the clavicle to the iliac crest
6. Position chest supports in a manner that permits full lung and abdominal expansion
7. Position the patient's breasts, abdomen, and genitals in a manner that frees them from torsion or pressure
8. Pad the patient's knees
9. Elevate the patient's toes off the bed by placing padding under the patient's shins
10. Have a stretcher readily accessible



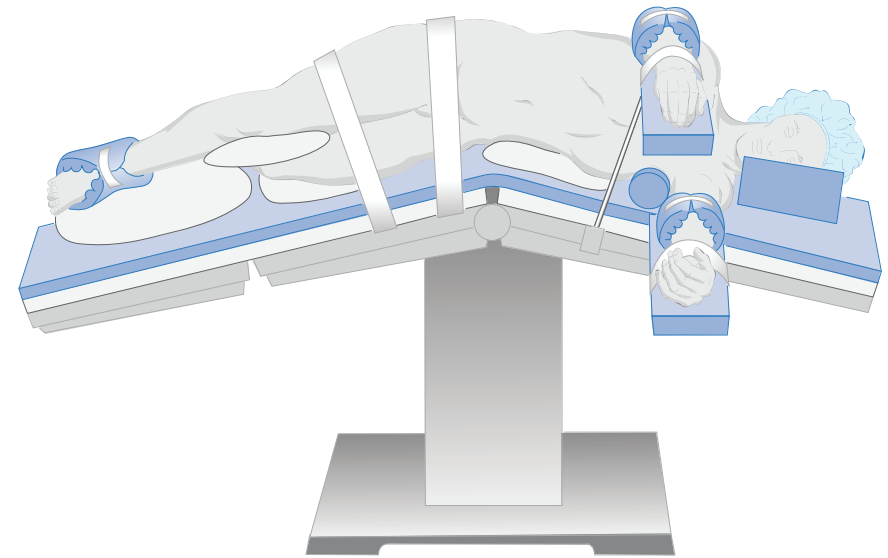
## LITHOTOMY POSITION

1. Do not place the safety restraint over the patient's chest or abdomen
2. Position the patient's buttocks even with the lower break of the procedure bed and in a manner that securely supports the sacrum on the bed surface
3. Position the patient's hips in a manner that prevents excessive flexion, rotation, or abduction
4. Place leg holders at an even height
5. Support the patient's legs over the largest possible surface area of the leg (boot-type leg holders)
6. Place the patient's heels in the lowest position possible
7. Do not allow the patient's legs to rest against the leg holder posts
8. Place the patient's legs into the leg holders slowly and simultaneously, with at least one person positioning each leg
9. Remove the patient's legs from the leg holders in a two-step process:
  - a. Remove the legs slowly and simultaneously from the leg holders and bring them together before the legs are lowered to the OR bed (ie, at least one person per leg for a minimum of two people)
  - b. Simultaneously lower the patient's legs to the OR bed



## SITTING/SEMI-SITTING POSITION

1. Minimize the degree of patient head elevation as much as possible
2. Flex and secure the patient's arms or nonoperative arm across the body
3. Pad the patient's buttocks
4. Flex the patient's knees 30 degrees
5. Verify placement and security of the safety restraint across the patient's thighs



## LATERAL POSITION

1. Place a head positioner or pillow under the patient's head
2. Do not use a horseshoe-shaped head positioner
3. Support and secure the patient's arms on two level and parallel arm boards, with one arm on each arm board, the upper arm above the lower arm, and both arms abducted less than 90 degrees
4. Place an axillary roll under the patient's dependent thorax, distal to the axillary fold, at the level of the seventh to ninth rib
5. Maintain the patient's physiologic spinal alignment
6. Do not compress the patient's breasts and abdomen or allow them to hang over the edge of the OR bed
7. Place a safety restraint across the patient's hips
8. Flex the patient's dependent leg at the hip and knee
9. Position the patient's upper leg straight and support it with pillows between the legs
10. Pad the patient's dependent knee, ankle, and foot