

## Evidence Review

The Guideline for Positioning the Patient was approved by the AORN Guidelines Advisory Board and became effective as of May 17, 2022.

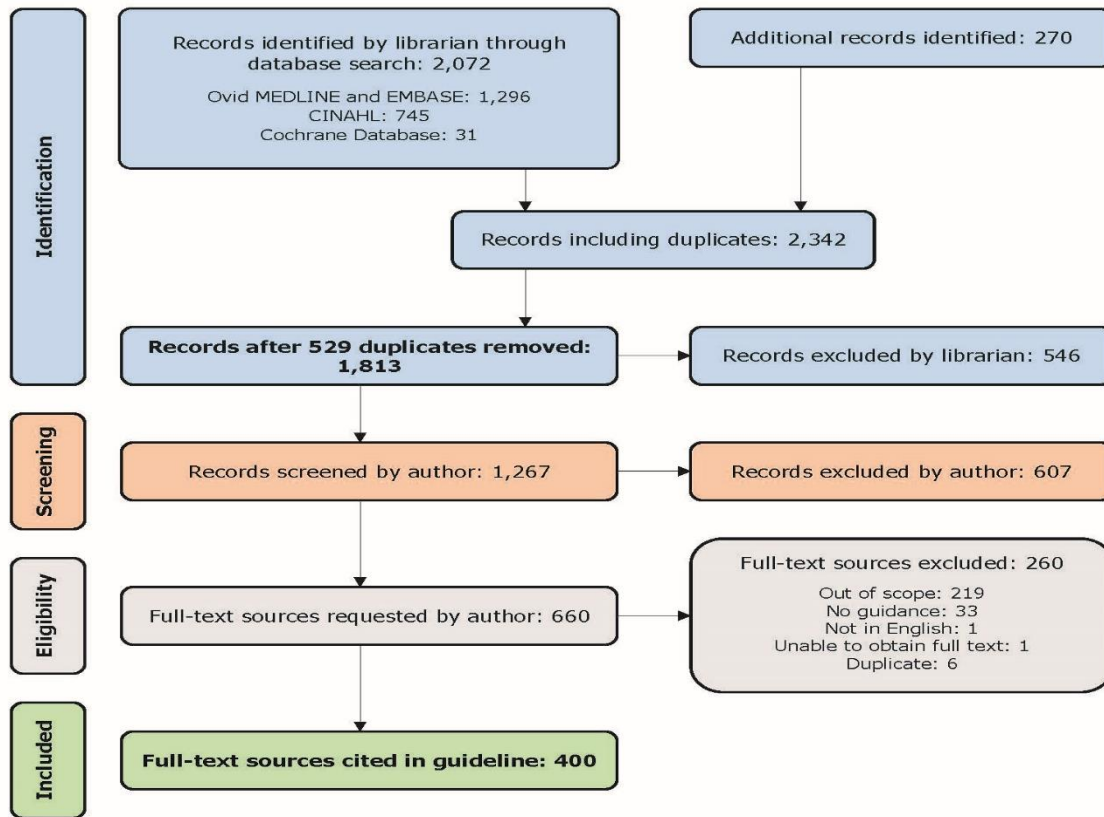
A medical librarian with a perioperative background conducted a systematic search of the databases Ovid MEDLINE, Ovid Embase, EBSCO CINAHL, and the Cochrane Database of Systematic Reviews. The search was limited to literature published in English from **December 2014 through December 2020**. At the time of the initial search, weekly alerts were created on the topics included in that search. Results from these alerts were provided to the lead author until **June 2021**. The lead author requested additional articles that either did not fit the original search criteria or were discovered during the evidence appraisal process. The lead author and the medical librarian also identified relevant guidelines from government agencies, professional organizations, and standards-setting bodies. **Search terms** included *adhesive tape, airway obstruction, anoxia, armboard\*, arterial pressure, attitude of health personnel, attitude to obesity, beach chair position\*, bean bag, bed attachments, bed inj\*, bed ulcer, bed sore\*, beds, beds and mattresses, brachial plexus injury, brachial plexus neuropathies, Braden Scale, Braden Scale for Predicting Pressure Sore Risk, candy cane stirrups, compartment syndromes, cultural bias, cultural competency, cultural diversity, decubitus inj\*, decubitus ulcer, decubitus sore\*, delivery of health care, deoxygenation, difference in treatment, discrepancies in treatment, ethnic groups, ethnicity, expectant mothers, foam, Fowler position\*, fracture table position\*, gel pad, gravid, head-down tilt, health care delivery, health care inequalities, health personnel attitude, healthcare disparities, hemodynamic monitoring, hospital acquired pressure ulcers, hospital acquired skin lesions, hospital associated pressure injury, hypotension, hypovolemia, impaired skin integrity, implicit bias, improvised positioning device, inclined position\*, intraocular pressure, intraoperative complications, intraoperative monitoring, jackknife position\*, knee-chest position, lateral\* position\*, leg holders, lithotomy position\*, Lloyd-Davies position\*, mechanical compression\*, minorities, minority groups, minority health, monitoring (intraoperative), monitoring (physiological), morbid obesity, Munro scale, nationality, neuropath\*, nerv\* entrapment, nerv\* injur\*, nerv\* pals\*, nerv\* peripheral, nerve compression, nerve compression syndromes, nurses role, nurses scope of practice, nursing assessment, nursing care, nursing role, obesity, obesity (morbid), ocular hypertension, ocular hypotony, ocular tonometry, operating room nursing, operating rooms, operating tables, oximet\*, oxygen deficiency, oxygen saturation, patient positioning, people of color, perioperative care, perioperative nursing, peripheral nerve injuries, pillows and cushions, positioner\*, positioning device, postoperative complications, pregnancy, pregnant, prejudice, pressure inj\*, pressure redistributing padding, pressure sore\*, pressure ulcers, prone position, prophylactic dressing, race, race factors, racial disparities, racial factors, ramp, ramped position\*, risk assessment, risk factors, race, race factors, racial disparities, racial factors, ramp, ramped position\*, risk assessment, risk factors, sciatic neuropathy, scope of nursing practice, Scott Triggers, semi-Fowler\* position\*, severe obesity, shoulder braces, silk tape, Sims position\*, skin color, skin pigmentation, skin tone, staff attitude, static overlays, stirrup\*, surgical equipment, surgical nursing, supine position, support device, surgical equipment and supplies, table\*, tonometry (ocular), Trendelenburg position\*, ulnar nerve compression syndromes, ulnar neuropathies, unequal treatment, vacuum-packed positioning, venous congestion, viscoelastic, visual loss, vital signs, wedge\*, weight bias, Wilson frame, wounds and injuries, and yellow fin stirrups.*

Included were research and non-research literature in English, complete publications, and publications with dates within the time restriction when available. Excluded were non-peer-reviewed publications and older evidence within the time restriction when more recent evidence was available. Editorials, news items, and other brief items were excluded. Low-quality evidence was excluded when higher-quality evidence was available, and literature outside the time restriction was excluded when literature within the time restriction was available (**Figure 1**).

Articles identified in the search were provided to the project team for evaluation. The team consisted of the lead author and one evidence appraiser. The lead author and the evidence appraiser reviewed and critically appraised each article using the AORN Research or Non-Research Evidence Appraisal Tools as appropriate. The literature was independently evaluated and appraised according to the strength and quality of the evidence. Each article was then assigned an appraisal score. The appraisal score is noted in brackets after each reference as applicable. Each recommendation rating is based on a synthesis of the collective evidence, a benefit-harm assessment, and consideration of resource use. The strength of the recommendation was determined using the AORN Evidence Rating Model and the quality and consistency of the evidence supporting a recommendation. The recommendation strength rating is noted in brackets after each recommendation.

Figure 1: PRISMA 2009 Flow Diagram

Figure 1. Flow Diagram of Literature Search Results



Adapted from Moher D, Liberati A, Tetzlaff J, Atman DG; The PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement. PLoS Med. 2009;6(6):e1000097.

## Publication History

- Originally published November 1990, *AORN Journal*.
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- Revised and reformatted; published January 2001, *AORN Journal*.
- Revised 2007; published in *Perioperative Standards and Recommended Practices*, 2008 edition.
- Minor editing revisions made to omit PND codes; reformatted September 2012 for publication in *Perioperative Standards and Recommended Practices*, 2013 edition.
- Minor editing revisions made in November 2014 for publication as “Guideline for positioning the patient” in *Guidelines for Perioperative Practice*, 2015 edition.
- Revised April 2017 for online publication in *Guidelines for Perioperative Practice*.
- Evidence ratings revised and minor editorial changes made to conform to the current AORN Evidence Rating model, September 2019, for online publication in *Guidelines for Perioperative Practice*.
- Revised May 2022 for online publication in *Guidelines for Perioperative Practice*.

Scheduled for review in 2027.