MedStar Georgetown University Hospital

Department of Anesthesia

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Positioning Under Anesthesia	9110
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POLICY:
Padding and proper positioning will be utilized to protect and preserve the skin, nerves and blood flow of the patient receiving all types of anesthesia.

PROCEDURE:

1. Padding and proper positioning will be utilized as soon as possible for all patients undergoing surgical or special procedures. Specific attention will be paid to those patients with conditions that may predispose them to injury, such as geriatric, arthritic, and diabetic patients. Certain patients receiving general anesthesia may require padding and positioning prior to induction of anesthesia to assure proper positioning and to avoid compromise of the patient.

2. In the supine position the patient's head, torso and extremities will be on padded surfaces with additional foam padding utilized as determined by patient factors and the procedure. The arms of the patient will be tucked to his/her side with additional padding/protection as required by the procedure, otherwise the arms will be placed on padded armboards with the upper extremity angled at less than ninety degrees from the torso in the supine patient. For procedures that require positioning other than supine, all pressure points will be padded, there will be no body to metal contact, and all body parts will be positioned to assure minimal or no compromise to normal vascular, neural or physiologic function. If possible, the extremity with the intravenous infusing will be placed on an armboard to allow for observation and early detection of a disconnected IV or extravasations from an infiltrated IV. Similar precautions will be taken with invasive arterial lines whenever possible.

3. Proper positioning and padding of the patient is a shared responsibility of nursing, surgery and anesthesia. Attempts will be made to accommodate specific surgeons requests for positioning.

4. Position and padding will be monitored during the procedure, especially those areas accessible to the anesthesia care provider. Other areas of the body may be obscured by surgical drapes or members of the surgical team. In these situations, if there is reason to believe that the original position has been altered the anesthesia care provider and the nurse, and if necessary the surgeon, will check the position and attempt to reposition and pad as indicated.

5. If any injury is noted immediately post-procedure or on subsequent follow-up:

    a. The primary medical/surgical team will be notified.
    b. The injury and extent of the injury will be noted on the patient's chart.

c. If nerve injury/damage or vascular compromise is noted it will be recommended to the primary team that an appropriate consultant be contacted to assist with the patients care.
d. The anesthesia care providers will follow the patient's care until the injury has resolved or until the injury is stable (for example, when the patient is ready for discharge).
e. Injuries are reported to Risk Management as per Hospital Policy #104 Management of Reports to Counsel.

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