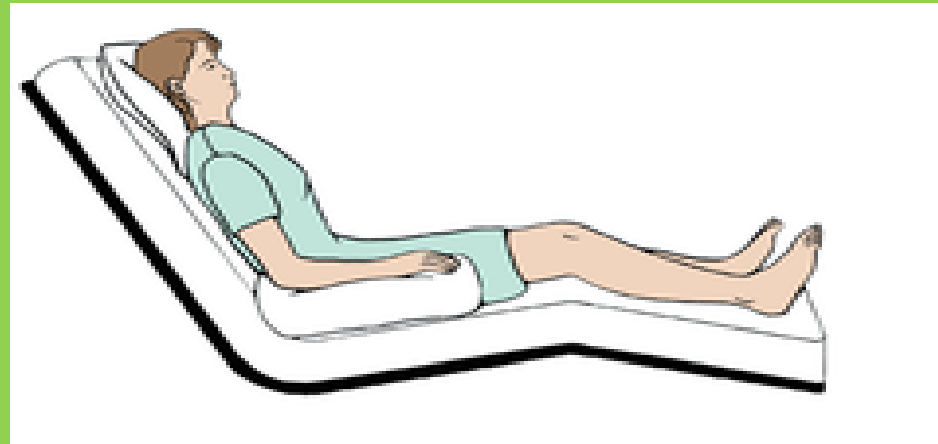


POSITION OF PATIENT IN THE BED

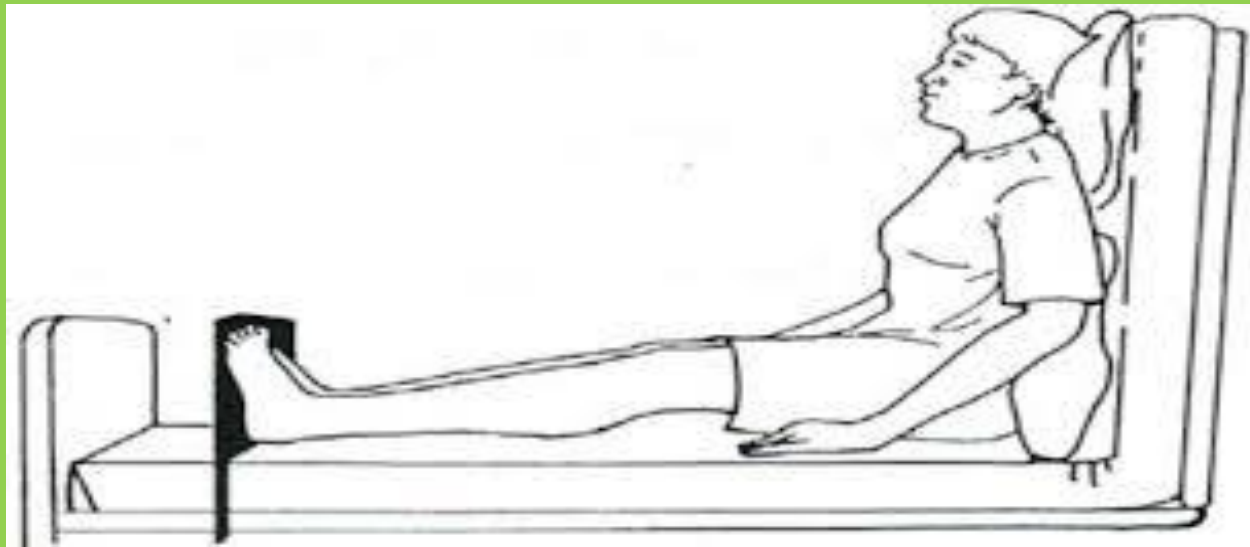


Fowler's position

- Semi-sitting position with various degrees of head elevation with knees slightly elevated
Purposes: vary based on elevation

High Fowler's position

- The spine is kept straight.
- head of bed elevated 90 degrees
- The head is supported with a small pillow.
- The arms are supported with pillows.
- Purposes: vary based on elevation
- Purposes: To eat and drink without risk of choking. To assist patients who have difficulty breathing



Semi-Fowler's position (supported)

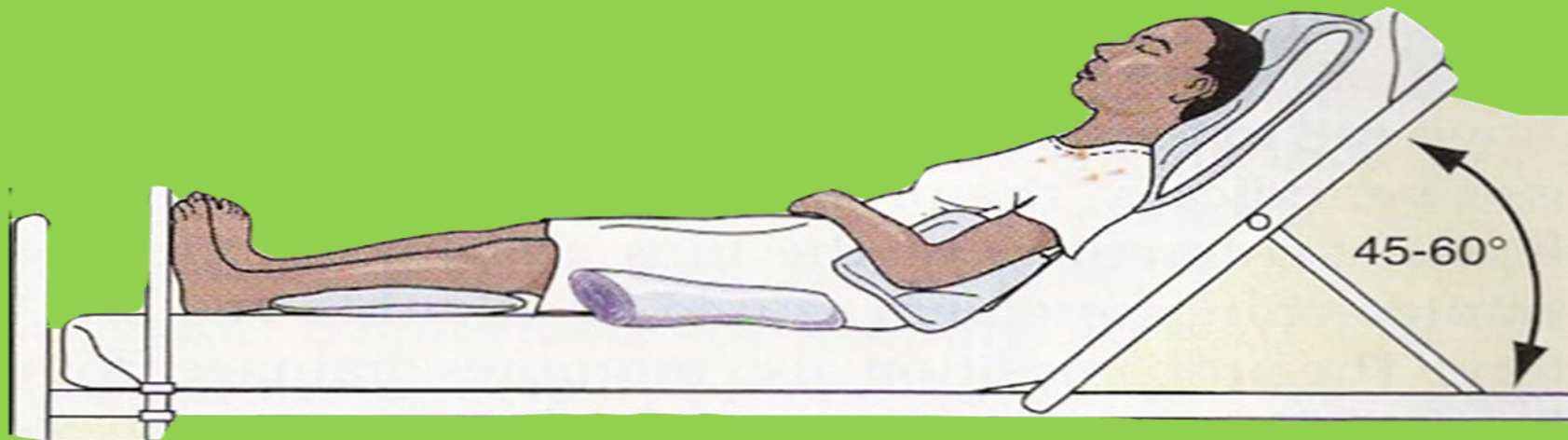
- Pillow to support head, neck, and upper back to prevent hyperextension of neck.
- Pillow under forearms to eliminate pull on shoulder and assist venous blood flow from hands and lower arms.
- Small pillow under thighs to flex knees to prevent hyperextension of knees.
- Trochanter roll lateral to femur to prevent external rotation of hips.
- Footboard to provide support for dorsiflexion and prevent plantar flexion of feet (foot drop).



Semi-Fowler's position (supported)

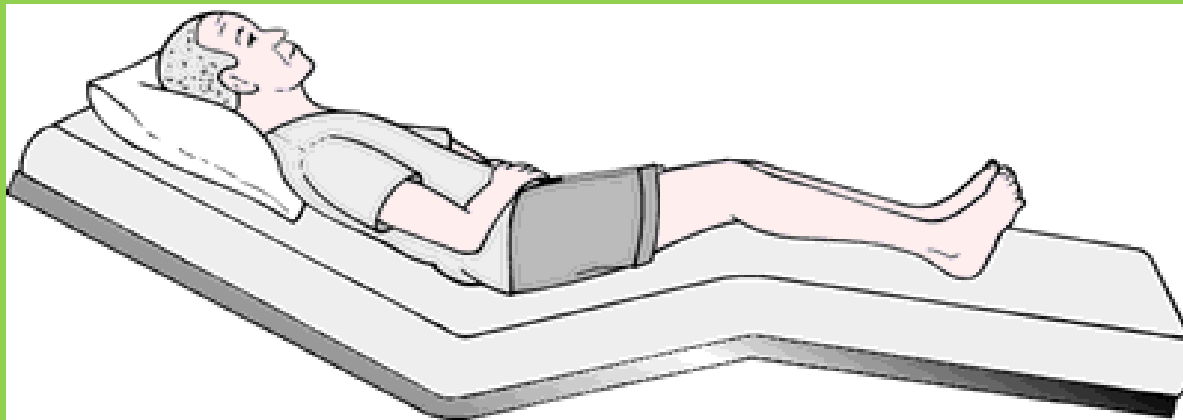
- Purposes of Semi-Fowler's position:

To comfortably watch television or converse with visitors. After abdominal surgeries to relieve tension on incision. To assist patients who have difficulty breathing.



Low Fowler's position

- Head of the bed elevated 30 degrees
Purposes: to prevent aspiration during tube feeding.



ORTHOPNEIC POSITION

Sitting upright with head of bed elevated 90 degrees or on the side of the bed with feet flat on the floor, patient leaning slightly forward with arms raised and elbows flexed, supported on an overbed table.

Frequently used by patients with respiratory problems

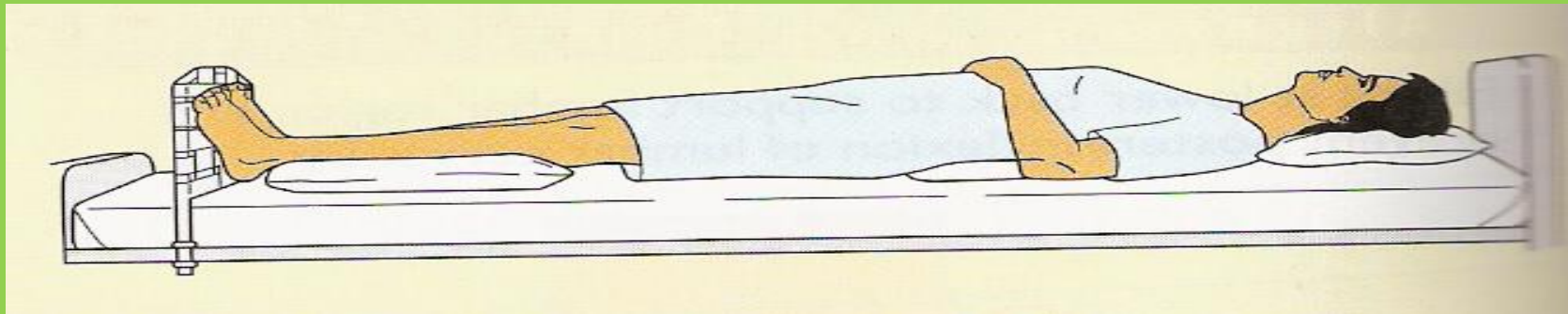
Helps expand the chest and lungs to allow more oxygen to enter

Purposes: To assist pt in severe respiratory distress, by allowing chest to expand to maximum capacity for moving air in and out of the lungs



Dorsal recumbent position (supported)

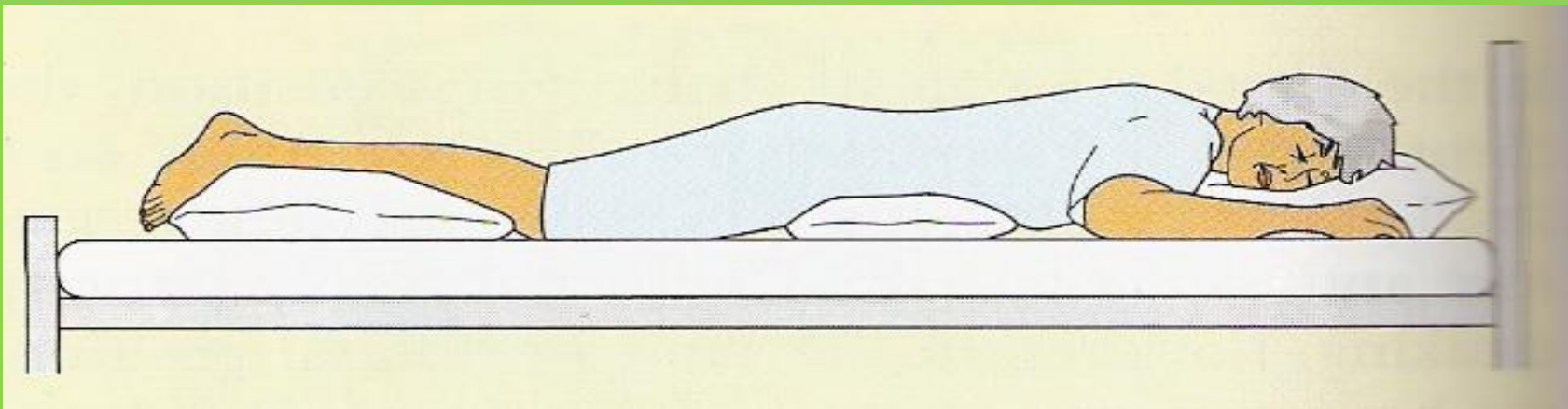
- •Pillow of suitable thickness under head and shoulders to prevent hyperextension of neck in if thick-chest person.
- •Roll or small pillow under lumbar curvature to prevent posterior flexion of lumbar curvature.
- •Roll or sandbag placed laterally to trochanter of femur to prevent external rotation of legs.
- •Small pillow under thigh to flex knee slightly and prevent hyperextension of knees.
- •Footboard or rolled pillow to support feet in dorsiflexion and to prevent plantar flexion (foot drop).
- •Pillow under lower legs to prevent pressure on heels.



Prone position (supported)

Small pillow under head unless contraindicated because of promotion of mucous drainage from mouth—prevents flexion or hyperextension of neck.

- Small pillow or roll under abdomen just below diaphragm to prevent hyperextension of lumbar curvature.
- Allow feet to fall naturally over end of mattress or support lower legs on a pillow so that toes do not touch the bed to prevent plantar flexion (foot drop).



Lateral position (supported)

- Pillow under head and neck to provide good alignment of sternocleidomastoid muscles.
- Pillow under upper arm to place it in good alignment; owner arm should be flexed comfortably. Avoids internal rotation and adduction of shoulder .
- Pillow under leg and thigh to place them in good alignment. Check that shoulders and hips are in straight alignment. These measures prevent internal rotation and adduction of femur and twisting of the spine.



Sims' position (supported)

- Pillow to support head, maintaining it in good alignment unless drainage from the mouth is required.
- Pillow under upper arm to prevent internal rotation of shoulder and arm.
- Pillow under upper leg to support it in alignment and to prevent internal rotation and adduction of hip and
- Rolled towels to support feet in dorsiflexion to prevent foot drop.

