PATIENT POSITIONING AND PRESSURE INJURY PREVENTION IN THEATRE

PURPOSE
To ensure patient safety with positioning and the prevention of pressure injury during the patient’s stay in the perioperative department.

PROCEDURE
PRE OPERATIVELY
1. A preoperative skin assessment of every patient shall be performed and documented on the Theatre Management System (TMS) prior to the commencement of all surgical procedures. This should include but not be limited to:
   - Pre-existing pressure sores
   - Overall condition of skin i.e. dry, fragile
   - Areas of altered skin integrity
   - Areas of moisture

2. During the surgical list briefing and Team Time Out, the following risk factors shall be discussed by the multidisciplinary team to determine which pressure prevention systems will be implemented:
   - Skin integrity
   - Braden scale score (excludes Obstetric patients)
   - Pre-existing conditions which may contribute to pressure injuries
   - Patient and surgical factors:
     ➢ Age
     ➢ Weight
     ➢ Height
     ➢ Nutritional status
     ➢ Patient medical and surgical history
     ➢ Type of anaesthetic
     ➢ Length of surgery
     ➢ Position required

3. All members of the multidisciplinary team shall have full knowledge of the pressure injury risks associated with positions required for surgery and utilise the available equipment to minimise the risk of injury.

4. Pressure prevention equipment utilised must ensure:
   - Reduction in the intensity of pressure
   - Bony prominences are protected
   - Optimal body temperature is maintained
   - Skin remains dry

5. During surgical list briefing and Team Time Out, at least one member from each multidisciplinary team shall discuss the surgical position required for the procedure and the equipment required to achieve this position. These positions include but are not limited to:
   - Supine
   - Lithotomy
6. All members of the multidisciplinary shall have full knowledge of the injury risks associated with each surgical position. These include but are not limited to:

- Nerve and tissue damage due to compression or hyperextension of joints
- Compromise of circulation
- Compromise of respirations
- Regurgitation
- Accidental disconnection of endotracheal tube

7. All members of the multidisciplinary team shall be involved in the positioning of the patient at which point appropriate positioning and pressure prevention equipment shall be implemented.

POST OPERATIVELY

1. Post-operatively all patients shall be rolled to remove soiled linen and to thoroughly assess skin for pressure injury. Any signs of pressure injury or injury related to positioning shall be thoroughly documented on the Theatre Management System (TMS) and the electronic Clinical Incident Monitoring System (CIM) and appropriate management commenced.

2. During transfer of a patient to a post-operative bed, measures to prevent friction and shear shall be implemented.

3. Ensure a thorough handover (as per iSoBAR) regarding pressure management, to staff caring for patient over length of stay to ensure skin integrity is monitored and maintained.

REFERENCES (STANDARDS)


