Client Positioning

Positions by situation: after surgery and procedures, breathing, shock, ICP, feeding, pregnancy, newborns, pressure injury, log rolling and traction

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THE BASIC POSITIONS

POSITION	SETUP	CLASSIC USES
Semi-Fowler	HOB 30–45°	Tube feeding, most post-op, chest tube
Fowler, high Fowler	HOB 45–90° (high = 90°)	Dyspnea, eating, NG insertion
Tripod (orthopneic)	Sitting, leaning forward on a table	COPD, severe dyspnea, thoracentesis
Supine	Flat on the back	Shock (legs raised), log rolling
Prone	On the abdomen	After amputation (hip stretch)
Sims	Left side, upper leg flexed	Enema, suppository
Lateral	On one side, pillows	Pregnancy, seizure, unconscious client
Knee-chest	Kneeling, chest on the bed	Cord prolapse

AFTER SURGERY

SURGERY	POSITION AND WHY
Hip replacement (posterior)	Abduction pillow; hip flexion ≤90°; no crossing legs or inward rotation (dislocation)
Craniotomy	HOB about 30°, head midline, neck neutral (venous drainage); follow the surgeon's order
Pneumonectomy	Back or operative side, so the remaining lung expands; no chest tube usually
Lobectomy, chest tube	Semi-Fowler; drainage unit below chest level
Thyroidectomy	Semi-Fowler, neck neutral, support the head when moving
Cataract	HOB up, not on the operative side; no bending or heavy lifting; shield
Retinal detachment, gas bubble	Exact head position the surgeon orders, for days to 2 weeks; no flying
Amputation	Lie prone several times a day; keep the knee straight (contracture)
Mastectomy	Affected arm raised on a pillow (lymph drainage)

PROCEDURES

PROCEDURE	DURING	AFTER
Lumbar puncture	Side-lying, knees to chest, chin tucked	Flat only if ordered
Thoracentesis	Sitting, leaning on an over-bed table	Watch breathing, site
Paracentesis	Void first; supine, tilted toward the fluid	BP, site leakage
Liver biopsy	Supine, right arm under head	Right side; vitals often; watch for bleeding
Cardiac cath (femoral)	—	Leg straight, HOB ≤30°, bed rest as ordered

BREATHING, SHOCK AND THE BRAIN

- Respiratory distress, COPD: high Fowler or tripod; pulmonary edema: sit up, legs down
- Shock, alert: supine; legs up 6–12 in (modified Trendelenburg) if no trauma (AHA 2024)
- Shock, drowsy or vomiting: recovery position (on the side)
- Increased ICP: HOB about 30°, head midline; avoid neck flexion and rotation
- Seizure: on the side, clear the area; never restrain or put anything in the mouth
- Stroke: HOB as ordered (flat and 30° gave equal outcomes in HeadPoST)

FEEDING, TUBES, ELIMINATION

- Tube feeding: HOB 30–45° during and after (AACN); pause feeds if the client must lie flat
- NG insertion: sitting up, neck flexed, swallowing sips as the tube passes
- Dysphagia after stroke: upright, chin down; screen the swallow before any oral intake
- Enema: left Sims; tip toward the umbilicus
- Hemorrhoids: warm sitz baths several times a day; no long sitting or straining

EXAM TIP NCLEX asks what the position prevents: dislocation, aspiration, rising ICP, bleeding, caval compression, contracture or pressure injury. Name the danger, then pick the position.

PREGNANCY AND NEWBORNS

- After 20 weeks: side-lying or a wedge under the right hip, never flat supine
- Late decelerations or tachysystole: turn to the side (see Labor and Fetal Monitoring)
- Cord prolapse: gloved hand lifts the presenting part; knee-chest or steep head-down
- Eclamptic seizure: on the side, airway, protect from injury
- Newborn sleep: on the back, firm flat surface, no soft bedding; tummy time only awake and watched

SAFETY A pregnant client past 20 weeks who becomes pale, dizzy and hypotensive when supine has caval compression: turn her to the side now; in arrest, push the uterus to the left by hand.

SKIN, LOG ROLLING, TRACTION

- Turn at least every 2 h in bed; 30° side tilt with pillows, off the hip bone
- HOB ≤30° when allowed, to limit shear; float heels; lift, don't drag
- Log roll: bed flat, pillow between knees, one person at the head calls the count, turn as one unit
- Traction: weights hang free, body aligned, ropes in pulleys; never remove skeletal traction weights

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