



Service Priorities and Programmes Electronic Presentations

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Enhancement programme in patient positioning for surgery

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Introduction

Every patient attending the operating theatre (OT) will at some stage be at risk of developing a pressure ulcer or skin breakdown, as the main way – changing position – to prevent pressure ulcers cannot be an option in OT. To provide adequate support and pressure relieving devices for patients being put in different surgical positions, peri-operative nurses should be educated on pressure ulcer risk associated with these patients.

Objectives

To develop a comprehensive patient positioning record that guides peri-operative nurses on 1) proper positioning of patients for surgery, 2) application of adequate pressure relieving devices to prevent skin breakdown due to surgical positioning, and 3) performing pre-operative and post-operative skin integrity assessment. Together with a picture guide on positioning of patients in different surgical positions, a newly developed positioning record serves both as a formal documentation and a checklist for proper patient positioning.

Methodology

A workgroup involving nurses from different specialties was formed. A comprehensive record with an exhaustive list of special precautions and pressure relieving devices required for different surgical positions was developed and piloted for three months in 2011 Q1. This record was then incorporated into the Operating Room Nursing Record. Peri-operative nurses also have to note the Norton scores of every patient and perform pre-operative and post-operative skin integrity assessments. All personnel involved in the positioning of patient, i.e., nurse, operating theatre assistant (OTA) and operating theatre technician (OTT) are also documented in the record. Anaesthetist and surgeon responsible for final patient alignment checking are also documented.

Result

Reviewing 2-year data from 2012 to 2013, the revised Operative Room Nursing Record served as an effective tool in promoting patient safety and prevent skin

breakdown of patients due to surgical positioning. While incidents on minor skin abrasion were more frequently and properly reported, the rate of major incidents involving extensive skin breakdown or pressure sore development was decreased. Compared with the traditional nursing record that only require nurses to fill in the type of pressure relieving devices applied, the new nursing record promotes 1) staff confidence in positioning patient; 2) stringent skin integrity assessment on patients; 3) alertness and accountability of staff.