

Always updated using the latest guidelines and research

A. What does the research prove about turning?

It is proven that caretakers and healthcare workers need to move the patient into different positions to prevent skin breakdown from pressure, and to promote circulation. When a patient lies in one position for too long, the skin over bony areas begin to break down. This leads to wounds and infections. It is recommended to have a plan as needed that includes pressure-reducing mattresses, cushions, and assesment of the nutritional status.

B. Frequency

Bedrest patients should be turned at least once every 2 hours. Some studies say that if there is a special bed surface, turning may be done less frequently. Patients sitting in a chair need to have their position shifted frequently to prevent skin breakdowns.

Hourly or purposeful rounding is an effectrive way to meet patients' physical and emotional needs, thus increasing safety and patient satisfaction!

C. How frequent is the assessment?

The Braden and Norton Scales are the most widely used assessments by nurses, and the most accurate, to determine risk for pressure related skin breakdown. This assessment should be done at least once every 24 hours.

D. Equipment/devices to assist and support positioning and comfort for the patient

Pillows are used to serve as a support for the back, arms and legs. Use of turning boards, hoists, special mattresses, and lifting attachments (trapeze) for the bed frames are commercially available. Possibly have someone help you with repositioning the of patient.

E. Procedure

Have the patient help as much as possible using the side rails and bending with their knees. Encourage range of motion exercises to prevent contractions and muscle weakness. Keep the skin clean, using mild soaps and/or creams. Use skin lubricants and creams to reduce the friction on the skin.

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Use good body mechanics and assistance when lifting and turning patients. Keep your legs apart, and knees bent. Keep the bed at a comfortable height for turning and moving the patient. Always put the bed back to the lowest level when completed

F. Turning the patient on to their side, back, or stomach

Use a draw (pull sheet) or device under the patient's back and pull the patient toward you. Pull the hips toward you so the buttocks sticks out a little. Position a pillow against their back and bend the legs at the hip and knees, and place a pillow between the knees (sims position). Use pillows to support the upper arm and upper leg as well. Keeping the heels off the bed prevents heel and ankle skin breakdown.

Prone (face down) positioning is preferred by some patients, and is recommended for patients with lung diseases. This position will ensure adequate breathing and comfort.

G. Precautions

*With post-operative patients, always use precautions to prevent pressure to the surgical site.

*If the patient has a risk of aspiration, or difficulty swallowing, keep the head of the bed elevated.

*If the patient has a head or neck injury, keep the head and neck in proper alignmen.

*A nutritional consults to ensure that the patient is receiving adequate nutrition: protein, calories, and fats.

*Consult with a skin specialist when available, for treatment recommendations.

*If turning the patient on to their stomach, ensure that the head is positioned so that breathing is not compromised.

*Always keep the patient in the center of the bed.

*Keep patient dry.

*Change incontinent patients frequently.

Resource: www.nlm.nih.gov



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PATIENT TURNING CHART

