



Nursing Schools Near Me  
A guide to a rewarding career in nursing

# Patient Positioning

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## Cheat Sheet

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## Steps in Patient Positioning

Before moving the patient.

1. Explain to the patient why their position is being changed and how the team will do it.
2. Speak to the patient and determine if they can partially or fully assist.
3. Patient positioning is often not possible alone, so remember to ask for help when you need it.
4. Prepare to use mechanical aids such as patient lifts, slings, and bed boards to help change the patient's position.
5. Plan to change the patient's position every two hours to prevent pressure ulcers and skin breakdown.
6. Lift patients and don't slide them since it abrades the skin.

When moving the patient, using proper body mechanics helps ensure nurse and patient safety.

1. Raise the patient's bed, so their weight is at your center of gravity.
2. Position yourself close to the patient.
3. Keep your neck, back, and pelvis aligned.
4. Keep your feet wide apart and flex your knees.
5. Use your arms and legs, not your back.
6. Tighten ab and gluteal muscles when preparing to move the patient.
7. The nurse that has the heaviest load must coordinate efforts.



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Condition/Procedure	Patient Position	Rationale
Abdominal Aneurysm	Post-op: HOB no greater than 45°.	Helps avoid graft flexion.
Acute Respiratory Distress Syndrome	High Fowler's.	Ensures maximum chest expansion, promoting oxygenation.
Air embolism due to dislodged central venous line	Trendelenburg position or turn the patient to the left side.	The patient must immediately be repositioned with the right atrium above the gas entry site. This will prevent the trapped air from moving into pulmonary circulation.
Amputation (above the knee)	After the procedure, elevate for 24 hours with a pillow, and get the patient in the prone position twice daily.	Prevents edema, contractures, and abduction. It also makes for hip extension and helps stretch flexor muscles.
Amputation (below the knee)	Elevate foot of the bed for 24 hours after procedure. Put patient in prone position daily.	Makes for hip extension and prevents edema.
Appendectomy	Post-op: Fowler's position.	Relieves abdominal pain and eases breathing.
Arteriovenous fistula	Post-op: Elevate extremity.	Patient should not sleep on affected side, and the AV arm shouldn't be used for BP reading or venipuncture. Rubber ball squeezing exercises must be encouraged.
Asthma	High Fowler's Tripod position.	Promotes oxygenation.
Autografting	Immobilize the site for 3 to 7 days.	Promotes healing and adhesion.
Autonomic dysreflexia	Initially place in high Fowler's position with legs dangling or in regular sitting position.	Reduces BP and partially relieves symptoms.





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Condition/Procedure	Patient Position	Rationale
Bone marrow aspiration/biopsy	Patient must lay on their side, tuck their head and pull their legs up. Alternatively, prone with arms folded under chin.	It exposes the area and makes for easy pressure application for controlling the bleeding.
Bronchoscopy	Semi-Fowler's position after procedure.	Reduces aspiration risk when swallowing.
Buck's Traction	Use trapeze for moving; elevate FOB for counter-traction; place a pillow beneath legs.	Assess function by asking patient to dorsiflex foot of the affected leg. Weakness indicates pressure on the nerve.
Cardiac catheterization (post)	HOB elevated no more than 30° or flat as prescribed.	Keep the affected extremity straight.
Casted arm	Elevate at heart level or above.	Minimizes swelling.
Cataract surgery	Semi-Fowler's or Fowler's on the back or non-operative side. Patient must sleep on unaffected side for up to four weeks with a night shield.	Prevents edema.
Cerebral aneurysm	Bed rest with HOB elevated between 30-45°.	Prevents pressure on aneurysm site.
Cerebral angiography	Patient must lay flat and still during the procedure. The injected extremity must be kept straight for eight hours after procedure.	Apply pressure on the site after the procedure for 15 minutes.
Chronic Obstructive Pulmonary Disease (COPD)	High Fowler's Orthopneic position.	Helps in breathing and promotes maximum lung expansion.
Cleft lip (congenital)	Lay on the back or position in infant seat. When feeding, hold the patient upright.	Helps prevent trauma to suture line.
Continuous Bladder Irrigation (CBI)	Tape catheter to thigh.	Prevents catheter displacement.
Contraction stress test (CST)	Semi-Fowler's or side-lying position.	Monitor for labor onset after the test.





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Condition/Procedure	Patient Position	Rationale
Cord prolapse	Fetal position/ Trendelenburg or modified Sims position.	Prevents pressure on the cord.
Craniotomy	HOB elevated at 30-45° with head in midline, neutral position.	Facilitates venous drainage. Patient should never lay on operative side.
Deep vein thrombosis	Elevate affected limb; bed rest.	Promotes circulation.
Dehiscence	Put patient in low-Fowler's position, raise the knees, and support the patient with a pillow.	Decreases tension on the abdomen.
Delayed prosthesis fitting	Raise foot of bed to lift the residual limb.	Prevents edema and stops venous return.
Dumping Syndrome	Eat in reclining position and lay down for 30 minutes after meal.	Delays gastric emptying. Patient's diet and must be limited and fluid intake restricted.
Ear drops	Lie on the side of unaffected ear for absorption.	Pull ear upward and back for adults; upward and down for children.
Ear irrigation	Tilt head towards affected ear during the procedure. Lie on affected side for drainage after the procedure.	Makes for better drainage.
Emphysema	High Fowler's Orthopneic position.	Promotes maximum lung expansion.
Evisceration	Low-Fowler's position.	Patient shouldn't cough. Intestines must be covered with sterile saline until patient is in OR.
Extremity burns	Elevate the extremity.	Reduces dependent edema.
Eye drops	Tilt head backward and look up, pull lower eyelid down.	Drop at the center of the lower conjunctival sac. Press the inner canthus near nose bridge for two minutes to prevent systemic absorption.





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Condition/Procedure	Patient Position	Rationale
Facial burns or trauma	Elevate head.	Reduces edema.
Fetal distress	Turn patient to their left side.	Reduces vena cava and aorta compression.
Flail chest	High Fowler's.	Provides comfort and promotes oxygenation.
Gastroesophageal reflux disease (GERD)	Reverse Trendelenburg – head must be high on a slanted bed. For pediatric patients, prone with HOB elevated.	Promotes gastric emptying and reduces reflux.
Head injury	Elevate HOB 30°, with head in neutral position.	Decreases ICP. Suctioning must be limited, and head must not flex or rotate.
Heart failure with pulmonary edema	Sit up with legs dangling.	Decreases venous return; reduces dyspnea and congestion; promotes ventilation.
Heat stroke	Supine position, but flat with legs elevated.	Promotes venous return and maintains blood flow to the head,
Hemorrhagic stroke	HOB elevated at 30°.	Reduces ICP and helps with blood drainage. Hip and neck flexion must be avoided.
Hemorrhoidectomy	Prone Jackknife position during the procedure.	Easier visualization.
Hiatal hernia	Sit upright after meals.	Prevents gastric content reflux.
Hip fracture	Abduct affected extremity.	Place splints or pillows between legs. Stooping and overexertion must be avoided.
Hip replacement	On unaffected side: Maintain abduction in supine position on unaffected side. Place pillow between legs. HOB raised to 30-45°.	Avoid extreme internal or external rotation.





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Condition/Procedure	Patient Position	Rationale
Hyphema	HOB at 30-45° with night shield.	Allows hyphema to settle inferiorly. Prevents obstruction of vision.
Hypophysectomy	HOB elevated.	Prevents increase in ICP.
Immediate prosthesis fitting	Elevate residual limb for 24 hours.	A rigid cast helps control swelling.
Increased intracranial pressure (ICP)	Elevate HOB 30-45°, head must be in neutral, midline position.	Promotes venous drainage. Avoid head rotation, neck flexion, bending forward, coughing, and sneezing.
Infratentorial surgery	Flat and lateral on either side.	Facilitates drainage.
Internal radiation	Bed rest when the implant is in place.	Prevents dislodgement of the implant.
Ischemic stroke	HOB flat in midline, neutral position.	Facilitates venous drainage and encourages arterial blood flow.
Kidney transplant	Post-op: Turn to non-operative side and put in Semi-Fowler's.	Promotes gas exchange.
Laminectomy	Keep back straight, and logroll if patient turns. Use wheelchair.	
Laryngectomy	HOB elevated 30-45°.	Maintains airway and reduces edema.
Late decelerations (placental insufficiency)	Turn patient to left side.	Allows more blood flow to placenta.
Liver biopsy	Supine position with upper-right abdomen exposed and right arm raised and extended behind shoulder during procedure. Lay on right side with pillow under site after procedure.	Exposes the area; minimizes bleeding.
Lumbar puncture	Fetal position during procedure; lay flat after procedure.	Maximizes spine flexion; prevents CSF leakage and spinal headache.
Lung biopsy	Flat supine position, arms raised above head, hands clasped.	Provides easy access to the area.





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Condition/Procedure	Patient Position	Rationale
Mastectomy	Semi-Fowler's; arm elevated on affected side.	Allows drainage.
Meniere's Disease	Bedrest during acute phase. Patient must change position slowly.	Protects patient when ambulating.
Mitral valve replacement	Post-op: Semi-Fowler's.	Helps with breathing.
Myelogram (air contrast)	Post-op: HOB lower than trunk.	Disperses dye.
Myelogram (oil-based dye)	Post-op: Lay flat for eight hours.	Disperses dye; prevents CSF leakage
Myelogram (water-based dye)	Post-op: HOB elevated for 8 hours.	Prevents dye from irritating meninges.
Myocardial infarction	Semi-Fowler's.	Helps with breathing and chest pain.
Myringotomy	Post-op: Position on affected ear's side.	Helps drain the secretions.
Nasogastric tube insertion	High Fowler's (head tilted forward).	Prevents aspiration.
Nasogastric tube irrigation and tube feedings.	HOB elevated 30 to 45°; keep elevated for 1 hour after feeding. Lay on right side with elevated HOB if LOC decreased. Maintain semi-Fowler's position in tracheostomy.	Prevents aspiration.
Osteomyelitis	Support extremity with splints/pillows.	Maintains proper alignment.
Paracentesis	During: Semi-Fowler's sitting upright with feet supported during procedure.	Empty bladder before procedure; report increase in temperature; assess for hypovolemia.
Pericarditis	High-Fowlers: upright and leaning forward.	Helps decrease pain.
Perineal procedures	Lithotomy.	Exposes the area.







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Condition/Procedure	Patient Position	Rationale
Peripheral artery disease	Dangle legs on side of the bed. Elevate legs slightly but not above the heart.	Slows/increases arterial return.
Peritoneal Dialysis	If outflow is inadequate, turn patient from side to side.	Helps with drainage.
Placenta previa	Sitting up.	Minimizes bleeding.
Pleural Effusion	High Fowler's.	Helps with breathing.
Pneumonia	High Fowler's; lay on the side with affected lung on top.	Maximizes breathing; reduces pain and congestion.
Pneumothorax	High Fowler's.	Maximizes breathing.
Postural Drainage	Trendelenburg	Area that needs to be drained must be in uppermost position.
Prolapsed umbilical cord	Trendelenburg or knee-chest position during labor.	Stops pressure/gravity from pulling the cord.
Pulmonary edema	High Fowler's, legs dependent position.	Decreases edema and congestion.
Pulmonary embolism	High Fowler's, lower HOB and turn patient to left side.	Maximizes breathing.
Pyloric stenosis	Lay on right after meals.	Helps food enter the intestines.
Rectal enema administration	Sim's position with right knee flexed.	Allows gravity to work in the direction of the colon.
Rectal enemas and irrigation	Sims' position laying on left side.	Allows natural flow of fluid.
Renal biopsy	Prone position with pillows under shoulders and abdomen.	Exposes the area.
Retinal detachment	Strict bed rest. Area of detachment in the dependent position.	Helps retina fall into place.
Rib fracture	High Fowler's.	Maximizes breathing.





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Seizure	Side-lying or recovery position.	Prevents aspiration and drains secretions.
Sengstaken-Blakemore and Minnesota tubes	Elevated HOB.	Enhances lung expansion while reducing blood flow, leading to esophagogastric balloon tamponade.
Shock	Lay flat on bed.	Improves circulation.
Sickle Cell Anemia	HOB elevated 30°, avoid straining painful joints.	Promotes lung expansion.
Spina Bifida	Prone	Prevents sac rupture.
Spinal cord injury	Immobilize on spinal backboard, log roll without any bending or twisting.	Prevents further injury
Supratentorial surgery	HOB elevated 30-45°; keep head in midline neutral position; avoid extreme hip and neck flexion.	Facilitates drainage.
Thoracentesis	Lay in bed on unaffected side with HOB elevated in Fowler's.	Prevents fluid leakage into thoracic cavity.
Thyroidectomy	Post-op: High Fowler's or semi-Fowler's. Avoid movement using sandbags or pillows.	Reduces swelling and edema; decreases tension on suture line; supports the head and neck.
Tonsillectomy	Post-op: prone or side-lying.	Facilitates drainage and relieves pressure on the neck.
Total hip replacement	Help to sitting position; stand on affected side and pivot patient to unaffected side.	Prevents dizziness and orthostatic hypotension.
Total Parenteral Nutrition (TPN)	Trendelenburg during insertion.	Prevents air embolism.
Tracheoesophageal fistula (TEF)	HOB elevated 30-45°.	Prevents reflux.





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Condition/Procedure	Patient Position	Rationale
Variable decelerations (cord compression)	Trendelenburg position.	Remove pressure from the presenting part of the cord; prevents gravity from pulling the fetus.
Varicose veins, leg ulcers, and venous insufficiency	Elevate extremities above heart level.	Prevents pooling of blood in the legs and facilitates venous return.
Vascular extremity graft	24-hour bedrest; keep extremity straight; avoid knee or hip flexion.	Maximizes adhesion.
Ventriculoperitoneal shunt	Lay on non-operative side in flat position after procedure. HOB raised 15-30 ° if ICP is increased.	Prevents rapid fluid drainage.

