

ALTERNATIVES TO MANUAL PRONE POSITIONING

The Institute for Occupational Safety & Health warns healthcare professionals against lifting more than 35 pounds – a guideline that’s difficult to maintain during adult patient prone positioning. Luckily, there are alternatives to manual proning:

Mechanical “FLIPPING”

Modular tables rotate patients up to 180 degrees from supine to the prone position (and vice versa), letting healthcare professionals more safely, effectively, and efficiently position patients for spinal procedures. However, proper use of the table is time-intensive – a multi-step process that must be performed accurately.

The HoverMatt® Prone Positioning Technique

HoverTech’s airflow technology makes a 300-pound patient feel more like 30 to 60 pounds. It’s easy: With the stretcher wheels locked next to a surgical table, team members move a patient to the edge of the stretcher to the OR table. After tucking a portion of the HoverMatt® under the patient, inflating the mat facilitates the patient being turned toward a prone position. HoverMatt® air technology reduces the force needed to move a patient by an astounding 80 to 90%.

Sling Prone Positioning

Combining the benefits of an air-assisted matt and a sling, the HoverSling® Repositioning Sheet can be placed under a patient, inflated, then manipulated in a manner that lets a mechanical lift – not the perioperative team– transfer the patient into lateral and prone position, reducing risk to all involved.

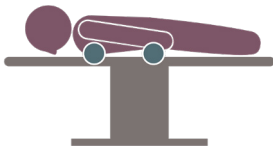
No matter what method you use, be sure to achieve correct prone positioning:



Patient head in a neutral position.



Arms tucked at sides with a draw sheet, secured at the sides with arm guards, placed on an arm board parallel to the OR bed, or placed on an arm rest with adjustment joints.



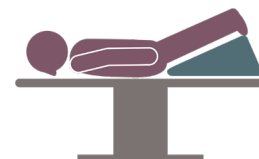
Position patient on two chest supports that extend from the clavicle to the iliac crest and allow full lung and abdominal expansion.



Breasts, abdomen, and genitals positioned free from torsion or pressure.



Knees should be padded.



Patient’s toes should be elevated off the bed by placing padding under shins, with shins high enough to prevent pressure on tips of the toes.