

# Patient repositioning in the operating room: **Utopia or reality?**

Hospital  
Ortopédico



Priscila Sales de Lima, Camila Moreira Paladino, Marcela Borges Alves Porto, Adriana Araujo Sicoli

Pressure injuries are a matter of relevance in health institutions. Patients are at high risk of developing injuries in the operating room, with an estimated incidence of over 66%. Having it said, implementing measures for prevention based on scientific evidence and international guidelines becomes necessary.

## Objective:

Descrever a campanha de descompressão da face em pacientes em posição prona, realizada em Hospital Ortopédico privado na cidade de São Paulo - AACD.

## Method:

Experience report of the pressure injury prevention campaign related to surgical positioning.

## Results:

The main characteristic of the injuries is injuries to the face, mainly to the chin, as our biggest challenge is the prone position. It was identified in multidisciplinary meetings that the prevention measure with less

adherence to the institutional protocol was repositioning the patient in the operating room, described in the protocol as decompression of the face every 2 hours by the anesthetist team. The measures described in the protocol contributed to a better result of the incidence and severity of injuries as the protocol was institutionally strengthened, but opportunities for improvement were identified. Therefore, the LPP



Prevention Campaign was created with the following strategies:

**Visual impact:** images of pressure injuries related to the surgical placement of personal collections in medical comfort to sensitize the team.

**Sound impact:** sound reminder (bell) in the corridor of the operating room every 2 hours played by the nurse to

remind the anesthetist to decompress the face of the patient in the prone position.

Technical impact: the presence of the stoma therapist nurse once a week to monitor adherence to preventive measures and identify risks.

## Conclusion:

The protocol standardized the actions of the multidisciplinary team, and the implementation of the campaign strengthened the nurse's role as a care decision-maker in positioning and establishing the patient safety culture for the entire multidisciplinary team.

## Bibliography:

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