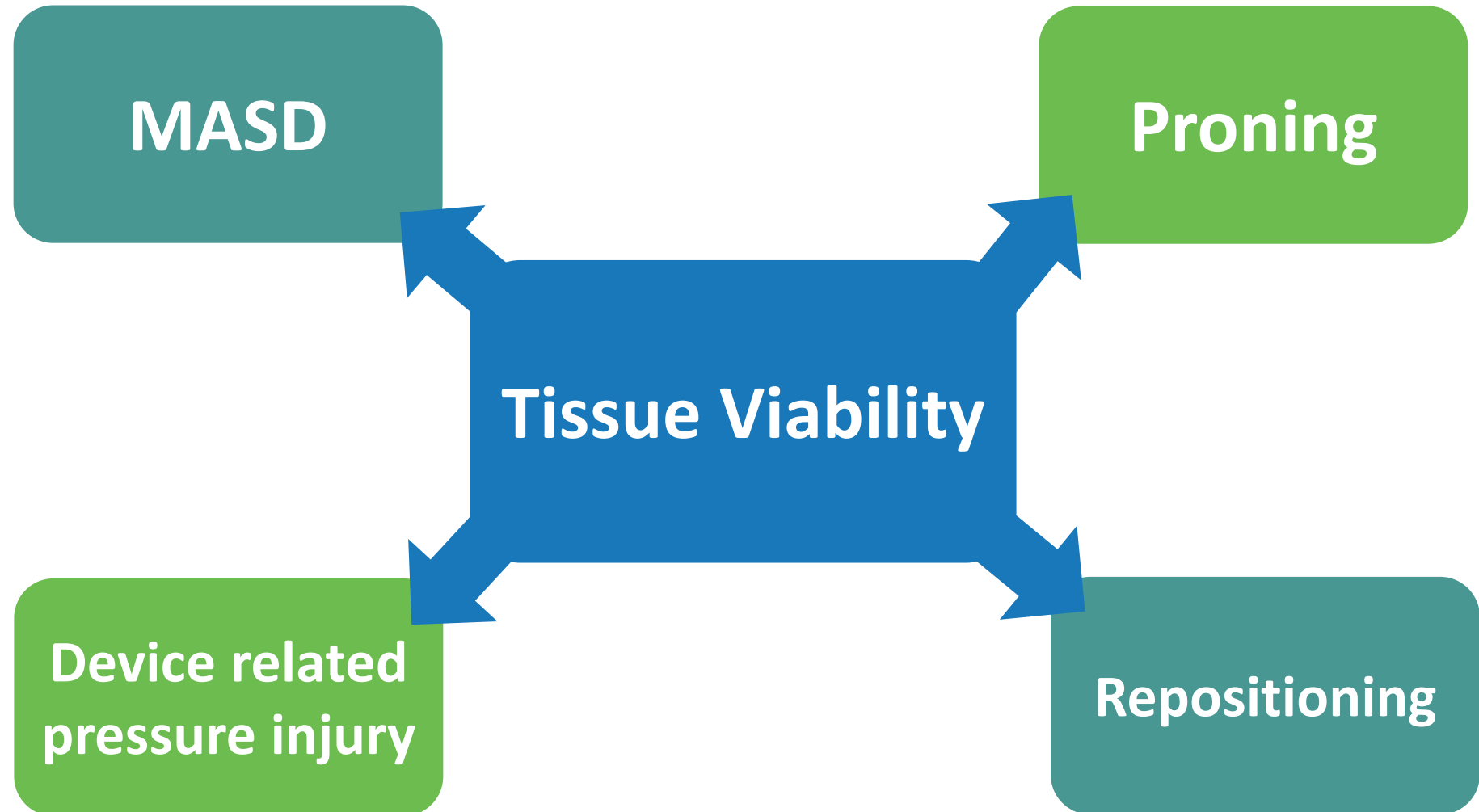


# A Comprehensive review of positional changes in the intensive care setting

Anna Sheldon

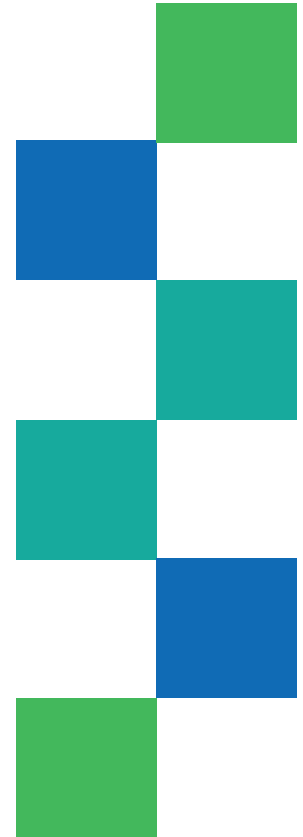
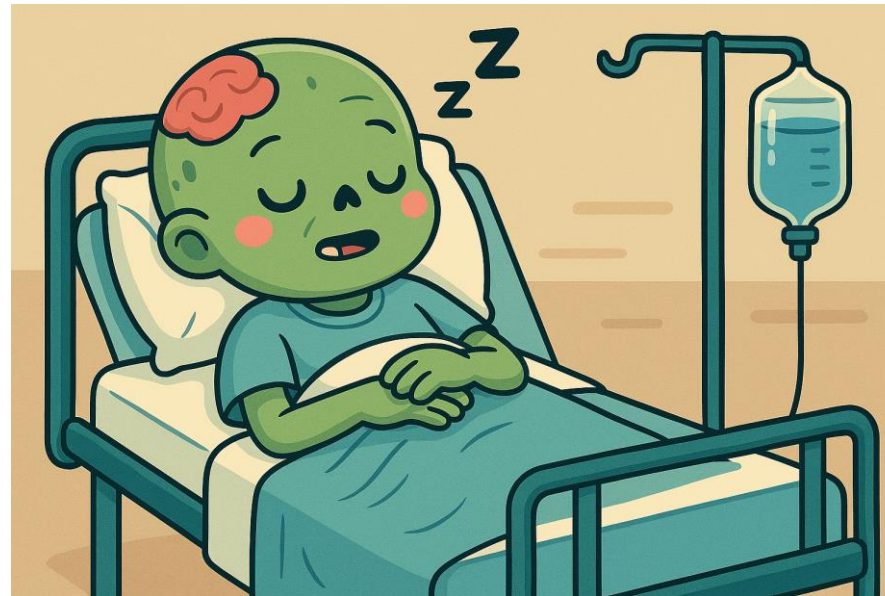
Staff Nurse Darlington Memorial Hospital

# The beginning



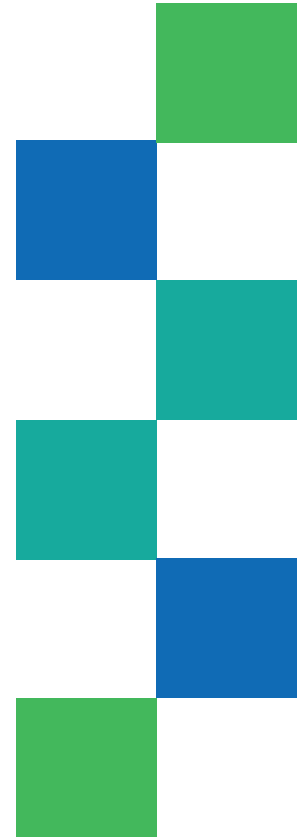
# Repositioning

- Care complacency post COVID impacted the fundamentals of nursing care.
- Poor Practice in many areas have become embedded practice.
- Positional Changes, an essential part of nursing care had become poor and was now accepted practice on our unit.



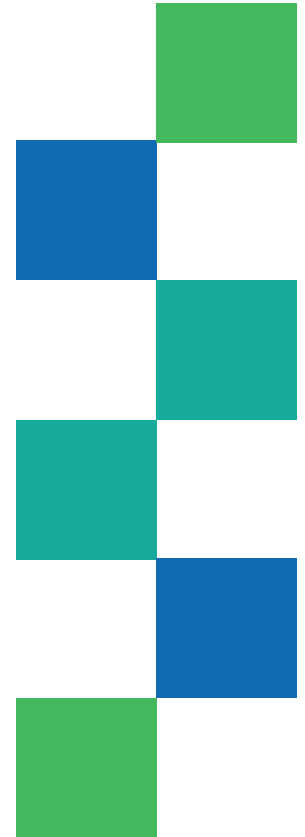
# Why do we reposition our patients?

- To improve comfort and relaxation.
- To improve gastrointestinal function.
- To improve respiratory function by allowing for greater lung expansion increasing postural drainage and relieving pressure on the diaphragm.
- To prevent deformities such as foot drop from muscles being atonic and atrophying. This will allow the patient to ambulate when their condition has improved.
- To relieve pressure, preventing pressure ulcer development.
- To stimulate circulation.
- To give treatments.
- To allow for essential assessments to take place.



# Evidence

- An audit was carried out on documentation of positional changes made over the summer of 2024.
- Only 44% of patients were rolled 4 hourly or more frequently over a 24 hour period.
- 36% of patients were rolled 6 hourly or less frequently.
- Only 18% of patients were moved from a supine position into a different position.
- Rolls or positional changes were only recorded in 52% of cases.



# Guidelines

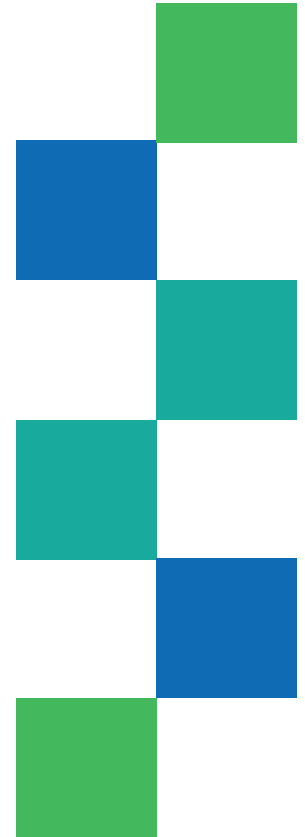
- The frequency of position changes depends on the patient's condition and specific needs. Generally, bedridden patients should be repositioned every two hours to prevent skin breakdown and other complications. However, the frequency may vary based on the patient's risk factors and overall health status.

<https://nursing-science.com/about/index/position-changes>

- Nice guidance suggests turning every 4 hours for at risk, adult patients.

[Overview](#) | [Pressure ulcers: prevention and management](#) | [Guidance](#) | [NICE](#)

- CDDFT ICU Pressure Risk Assessment Guidance for VERY HIGH risk:  
Patient should be repositioned every two hours  
Patient should be repositioned on their side  
Reposition all lines, drains and devices



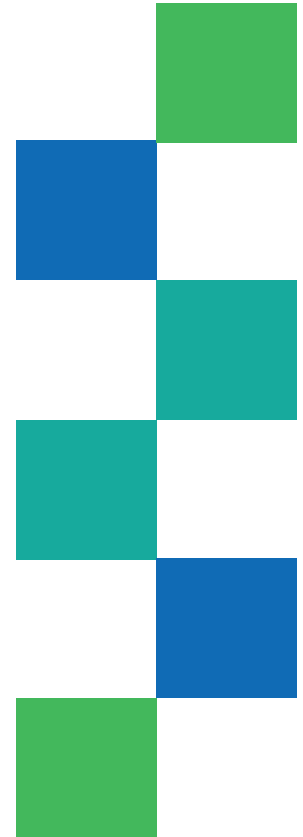


# Staff Training

All staff received comprehensive education through tea trolley teaching sessions designed to be accessible and engaging.

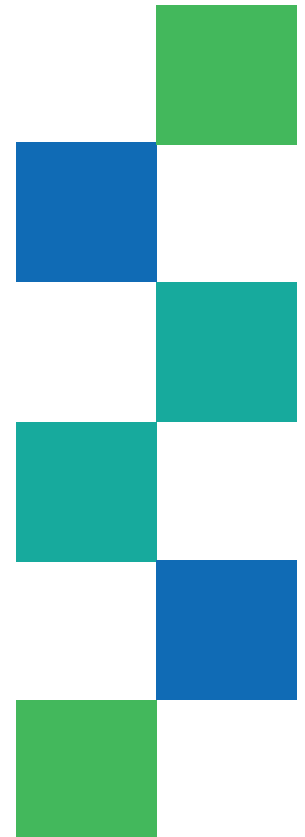
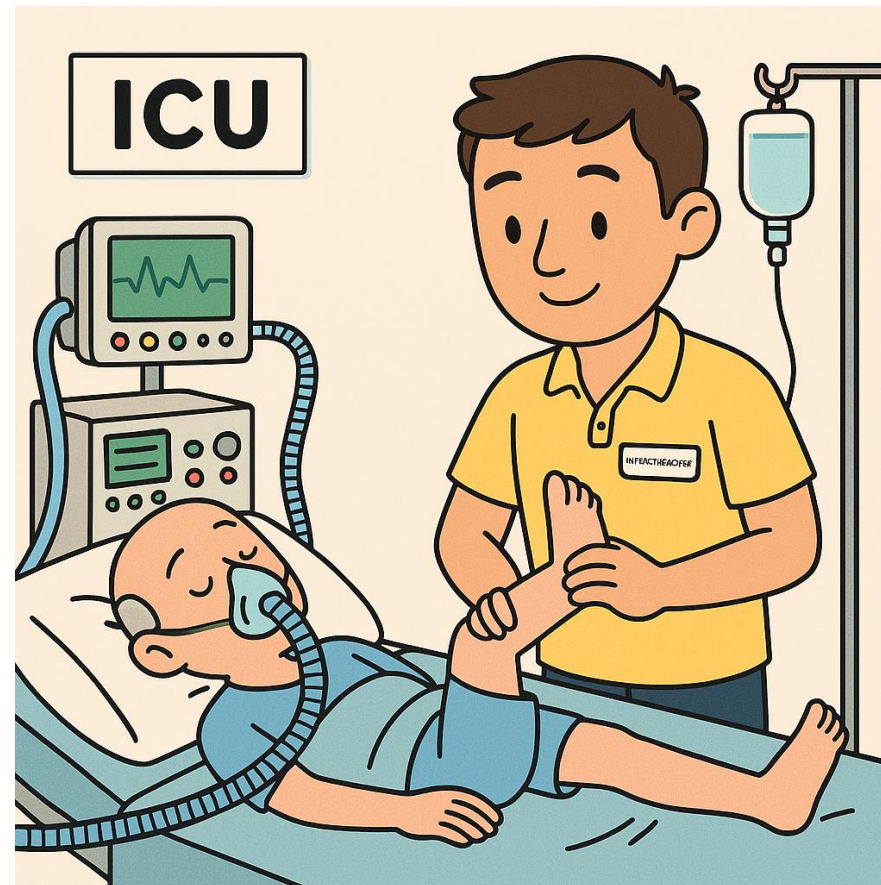
These included examples of poor practice and good practice to compare.

A how to guide has been added to the bedside folders for reference.



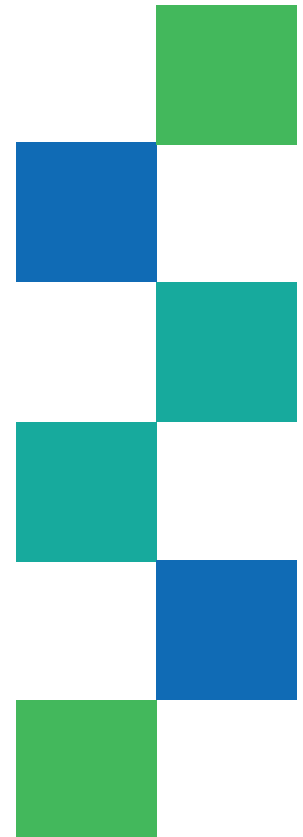
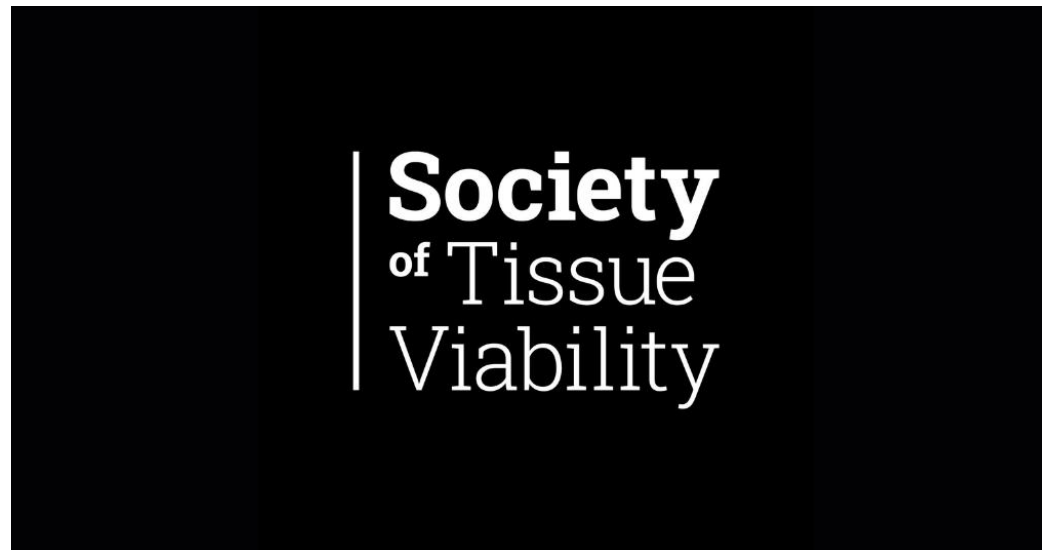
# Interdisciplinary Collaboration

Physiotherapists were actively involved to promote side lying positions and encourage more frequent positional changes



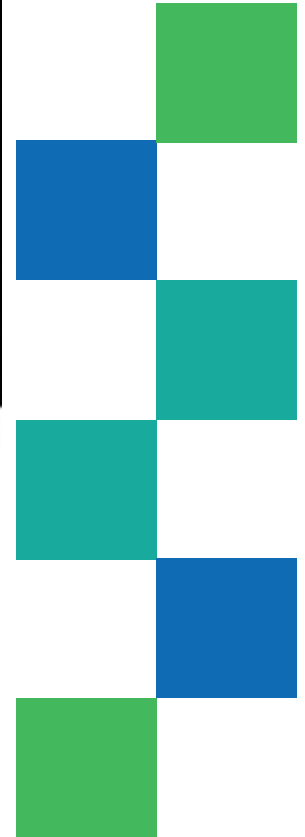
# Expert Consultations

Discussions were held with the society of tissue viability to establish best practice and explore practical implementation strategies.



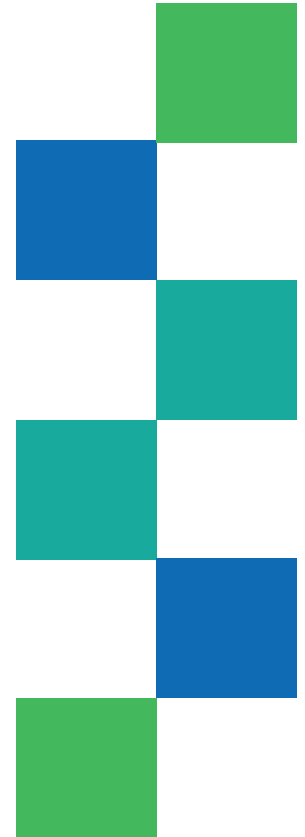
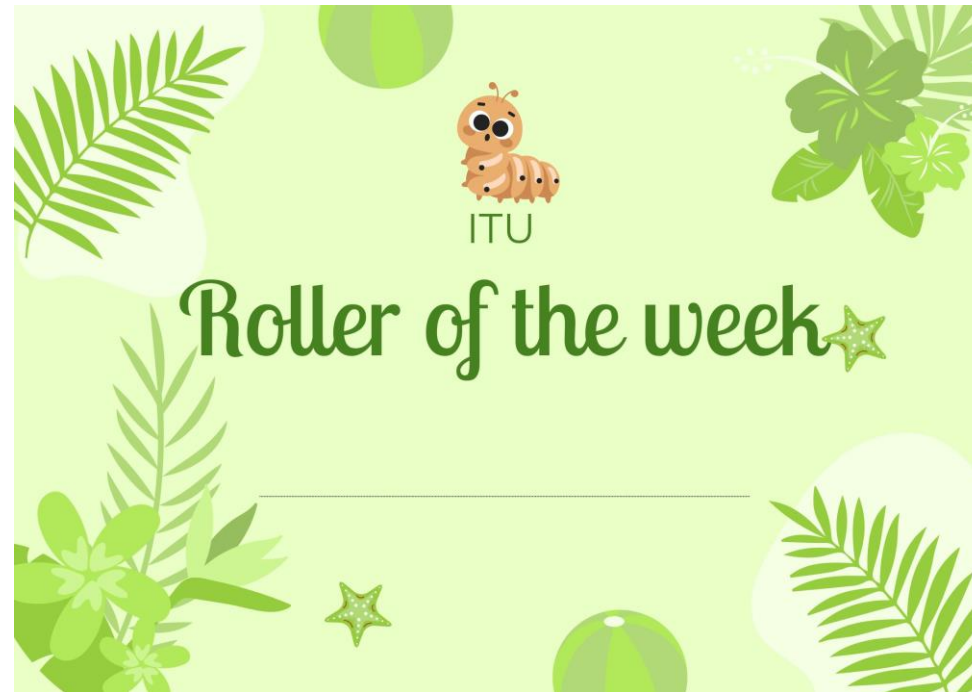
# Equipment Trials

Positional wedges were trialled and subsequently adopted to support improved patient positioning



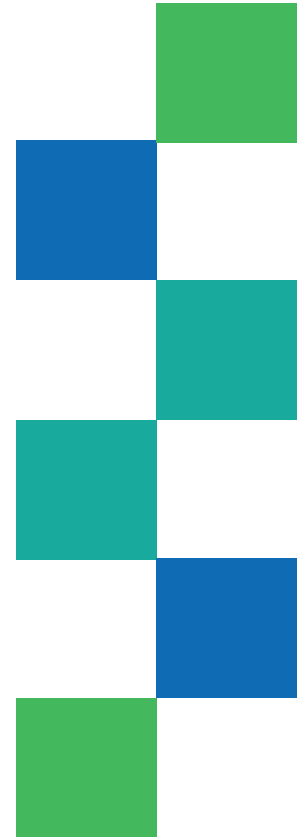
# Recognition Initiatives

A 'roller of the week' audit and award scheme was introduced to celebrate and reinforce good practice.



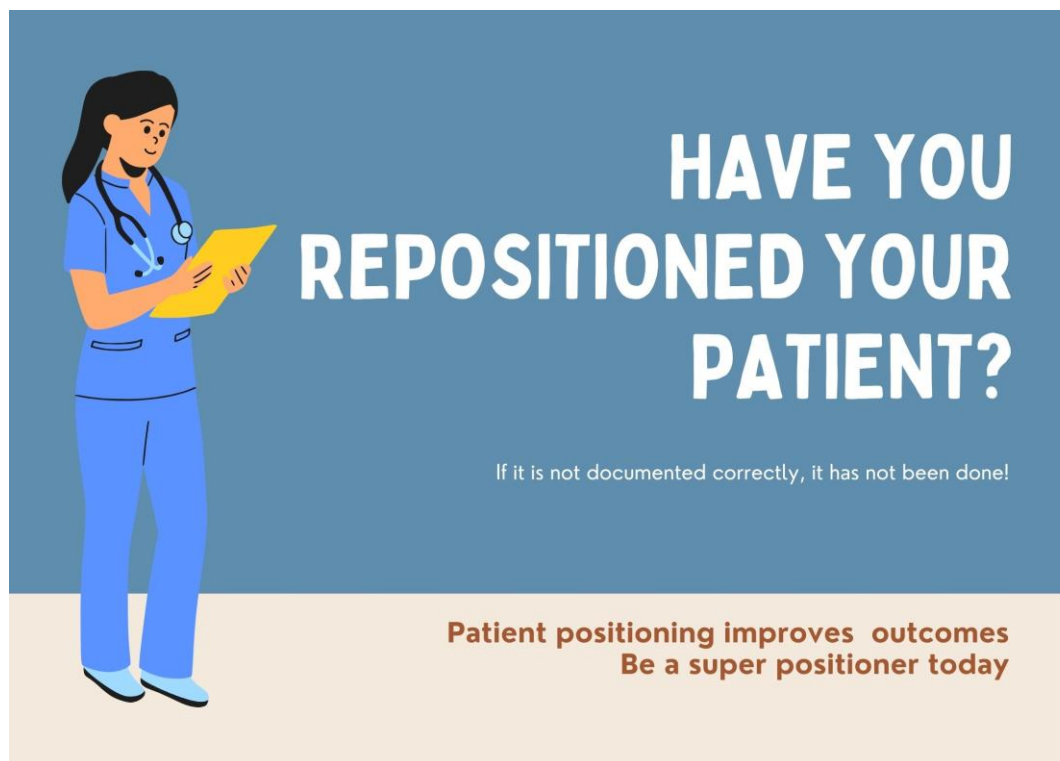
# Structured Rounding

Rolling rounds were scheduled for set times with the nurse in charge coordinating staff and sourcing additional help during periods of low staffing.



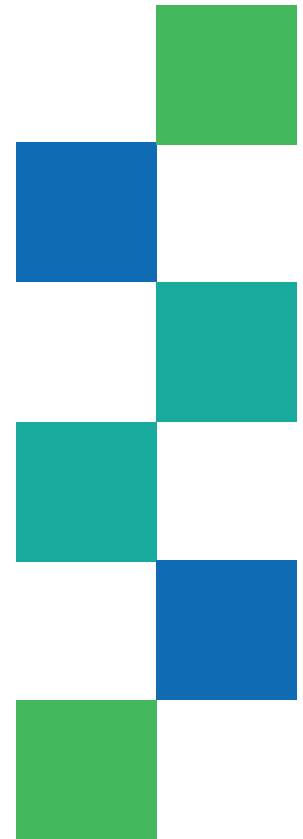
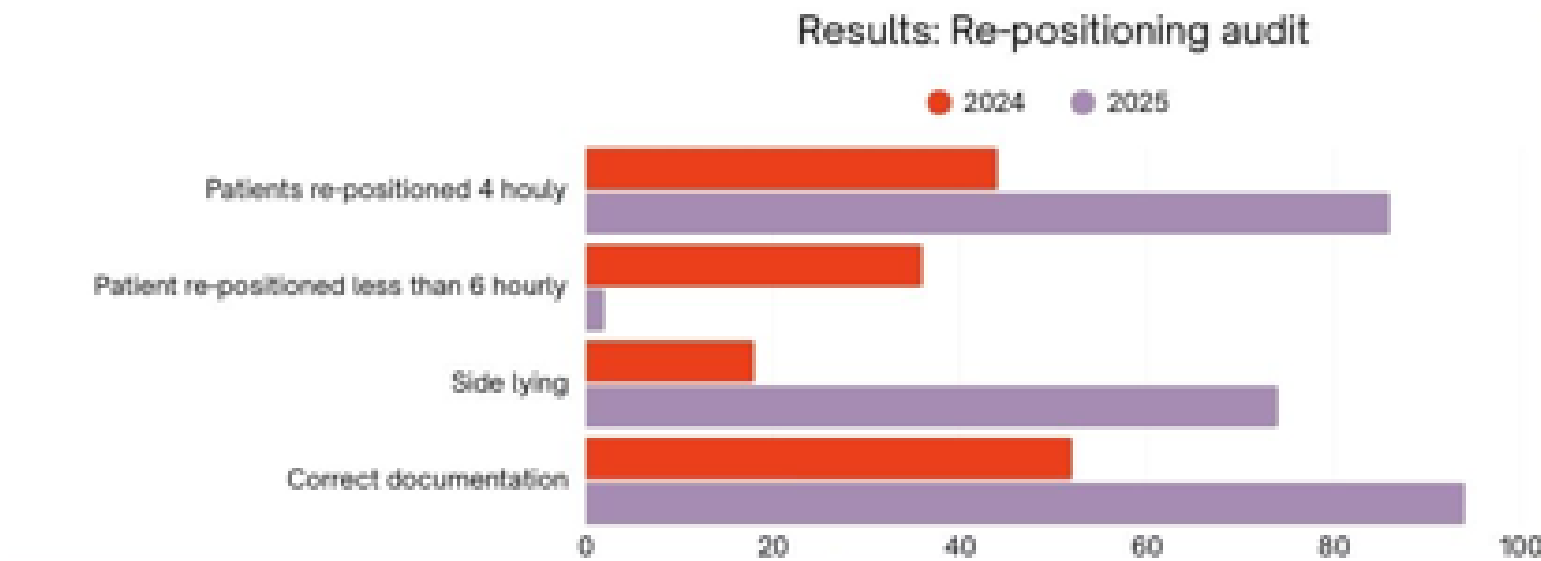
# Visual Reminders

Posters promoting regular repositioning were displayed throughout the unit and in communal areas to maintain awareness and accountability



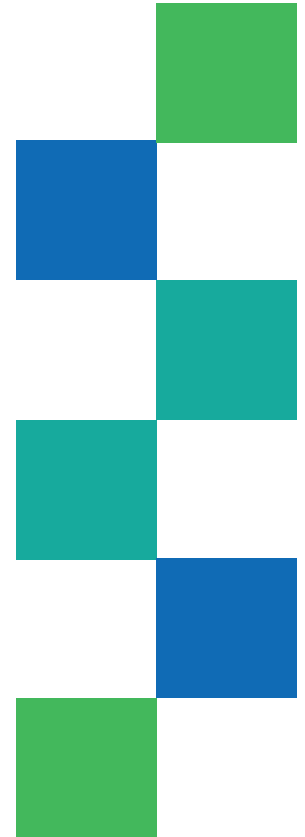
# Results

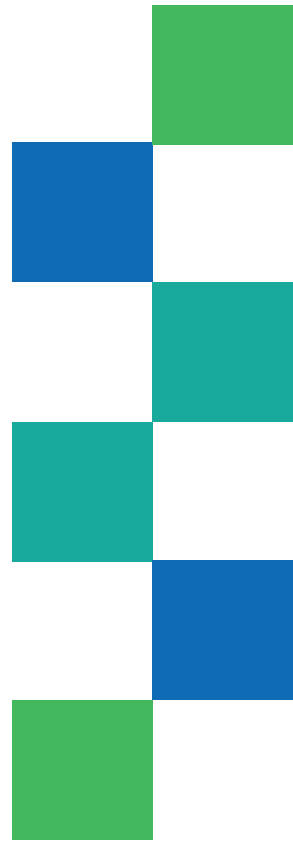
Following the intervention, both patient care and documentation showed a significant improvement. Patients were repositioned more frequently into side-lying positions and care was consistently and accurately documented.



# Review

- The work is an ongoing process; regular audits are carried out to assess how well the unit is performing in relation to repositioning.
- More work is being carried out with the manual handling team to look at utilising their sleep system to help with repositioning.
- We are working with the University of Bath to help improve repositioning in proning, by taking part in a clinical trial later on in the year.





## North East and Yorkshire Benchmarking and Quality Improvement Event Quality Improvement Project

A COMPREHENSIVE REVIEW OF POSITIONAL CHANGES IN THE INTENSIVE CARE SETTING



**AUTHORS**

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**INTRODUCTION**

Care complacency post COVID impacted the fundamentals of essential nursing care. Poor practice in many areas became embedded. Positional changes, an essential part of nursing care that greatly affects patient outcomes, had become poor and was now accepted practice.

**OBJECTIVE**

This study aims to enhance patient positioning practices and documentation in order to improve the overall quality of patient care.

**METHODOLOGY**

An audit of current practices was conducted to identify areas for improvement in patient care. A systematic review followed, aimed at uncovering barriers to delivering high-quality care. In response, a targeted teaching program was developed and implemented, incorporating rewards and incentives to encourage engagement. Additionally, new equipment was introduced to help overcome the identified obstacles. After these interventions were put in place, a follow-up audit was carried out to evaluate their effectiveness.

**Identifying and Addressing Barriers to Patient Care**

A review of patient care practices highlighted several key barriers: inadequate staff training, limited resources and staffing, and entrenched cultural norms. To address these challenges, a series of targeted interventions were implemented:

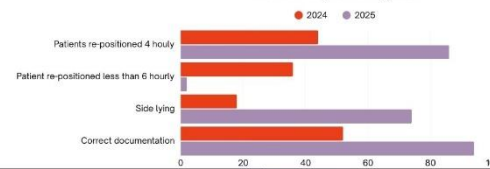
- Staff Training: All staff received comprehensive education through "tea trolley teaching" sessions, designed to be accessible and engaging.
- Interdisciplinary Collaboration: Physiotherapists were actively involved to promote side-lying positions and encourage more frequent patient repositioning.
- Expert Consultation: Discussions were held with the Tissue Viability Society to establish best practices and explore practical implementation strategies.
- Equipment Trials: Positional wedges were trialed and subsequently adopted to support improved patient positioning.
- Recognition Initiatives: A "Roller of the Week" audit and award scheme was introduced to celebrate and reinforce good practice.
- Structured Rounding: Rolling rounds were scheduled at set times, with the nurse in charge coordinating staff and sourcing additional help during periods of low staffing.
- Visual Reminders: Posters promoting regular repositioning were displayed throughout the unit and in communal areas to maintain awareness and accountability.



**RESULTS**

Following the intervention, both patient care and documentation showed significant improvement. Patients were re-positioned more frequently, particularly into side-lying positions, and care was accurately and consistently documented.

Results: Re-positioning audit



**CONCLUSION**

Following the implementation of targeted interventions, patient care practices improved significantly. Regular repositioning – particularly into side-lying positions – has been shown to yield a wide range of clinical benefits. These include:

- Reduced ventilator days
- Shorter stays in the Intensive Therapy Unit (ITU) and overall hospital inpatient duration
- Enhanced patient comfort
- Decreased incidence of constipation
- Lower risk of pressure ulcer development
- Reduced reliance on sedative medications
- Prevention of food drop
- Increased patient mobility
- Reduced occurrence of deep vein thrombosis (DVT)

These outcomes demonstrate that the intervention not only improved documentation and positioning practices but also led to a measurable enhancement in the quality of patient care.

**REFERENCES**

- National Institute for Health and Care Excellence (2014) Pressure Ulcers Prevention and Management. Available at: <https://www.nice.org.uk/Guidance/CG179>
- Society of Tissue Viability (2023) Education and Learning. Available at: <https://societyoftissueviability.org/education-and-learning/>
- Gefar, A. et al. (2022) 'Device-related pressure ulcers: SECURE prevention', *Journal of Wound Care*, 31(1), pp 1-72.
- Mezick, M. and Guerin, C. (2018) 'Effects of patient positioning on respiratory mechanics in mechanically ventilated ICU patients', *Annals of Translational Medicine*, 6(19).

Any Questions?

# References

- National Institute for Health and Care Excellence (2014) *Pressure Ulcers Prevention and Management*. Available at: <https://www.nice.org.uk/Guidance/CG179>
- Society of Tissue Viability (2025) *Education and Learning*. Available at: <https://societyoftissueviability.org/education-and-learning/>
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