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Bed Making and Patient Positioning

Nursing Foundation

Types of hospital beds, occupied and unoccupied bed making, postoperative bed, cardiac bed, Fowler's position, lateral position, prone position, supine position and other therapeutic positions.

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CHAPTER 12

CHAPTER 12 Bed Making and Patient Positioning

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Definition, purposes and types

Bed making prepares a safe, clean and comfortable patient environment. It facilitates rest, procedures, positioning and infection prevention. Hospital beds include manual, electric, adjustable, ICU, orthopaedic, paediatric and pressure-redistributing specialty beds. Traditional bed-making types include closed (unoccupied), open (ready for admission), occupied, postoperative, cardiac (upright comfort), fracture (prescribed alignment) and amputation (prescribed postoperative care).

Articles and principles

Clean sheets, pillowcases, blanket, appropriate mattress protector, drawsheet/repositioning sheet, laundry bag and PPE as needed. Perform hand hygiene; do not shake linen or place it on the floor; separate clean from used linen; use safe body mechanics, lock wheels, protect equipment and keep call bell within reach.

Unoccupied bed

1. 1. Explain if applicable, perform hand hygiene and raise bed to safe working height.
2. 2. Remove linen into laundry bag; clean mattress according to policy.
3. 3. Apply clean bottom sheet, protective/repositioning sheet if needed, top linen and blanket.
4. 4. Replace pillowcase; check for wrinkles, lower bed, secure brakes and document as needed.

Occupied bed

Assess patient mobility, pain, restrictions, lines and staffing needs. Provide privacy; assist patient to a safe side-lying position. Roll soiled linen inward toward patient, apply clean linen to exposed mattress, assist patient onto clean side, remove soiled linen and complete bedding. Reposition and check pressure points, devices and call bell. Use mechanical assistance when appropriate.

Postoperative and cardiac bed

Prepare clean linen arranged for safe transfer; keep monitoring, oxygen and suction available according to the operation and recovery plan. A cardiac bed supports an upright position with suitable pillows and foot support. Follow clinical positioning instructions; do not assume every postoperative patient requires the same position.

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CHAPTER 12

Therapeutic positions

Position	Description and application
Supine	On back; general examination and rest when safe.
Prone	Face down; selected respiratory/procedural indications with trained team.
Lateral	Side-lying; comfort, pressure redistribution and selected recovery situations.
Sims'	Semi-prone side-lying; selected rectal procedures.
Semi-Fowler's	Head elevated 30-45 ; feeding or breathing support when indicated.
Fowler's	Head elevated about 45-60 ; respiratory comfort.
High Fowler's	Head elevated about 60-90 ; upright comfort.
Dorsal recumbent	On back, knees flexed; selected perineal examination.
Lithotomy	Supine, legs supported; selected obstetric/gynaecological procedures.
Trendelenburg	Whole bed tilted head-down; selected specialist indications, not routine shock treatment.
Reverse Trendelenburg	Whole bed tilted head-up; selected procedural needs.

Nursing responsibilities and exam revision

Maintain alignment, circulation and respiratory comfort; protect skin, tubes and drains; check pain, restrictions and tolerance. Reassess regularly.

1. 1. Describe occupied and unoccupied bed making.
2. 2. Explain postoperative/cardiac beds and therapeutic positions.
3. 3. Discuss positioning safety and pressure prevention.

Educational notes. Clinical skills require supervision, authorized orders and current facility protocols.

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Quick Revision

- Bed making creates a clean, safe and comfortable environment for rest, procedures and infection prevention.
- Use hand hygiene, safe body mechanics, locked wheels and separation of clean and used linen.
- Do not shake linen or place it on the floor; lower the bed and leave the call bell accessible.
- For occupied beds, assess mobility, pain, restrictions, devices and staffing needs before repositioning.
- Semi-Fowler's elevates the head 30-45 ; Fowler's about 45-60 ; high Fowler's about 60-90 .

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- Maintain alignment, circulation, skin protection and respiratory comfort and reassess positioning tolerance.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which position places the patient semi-prone on the side for selected rectal procedures?

A. Supine

B. Sims'

C. High Fowler's

D. Lithotomy

2. How much head elevation describes semi-Fowler's position?

A. 0-10

B. 10-20

C. 30-45

D. 75-90

3. What should the nurse do with soiled linen when changing an occupied bed?

A. Roll it inward toward the patient

B. Shake it before removal

C. Place it on the floor

D. Mix it with clean linen

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Answer key and explanations

1. B - Sims'

Sims' is semi-prone side-lying.

2. C - 30-45

Semi-Fowler's uses 30-45 head elevation.

3. A - Roll it inward toward the patient

Rolling inward contains the soiled linen during the occupied-bed procedure.

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