
Nursing Information 6

Micro-positioning –
A supportive measure
for the prevention of secondary diseases

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Institute for Innovations in Healthcare
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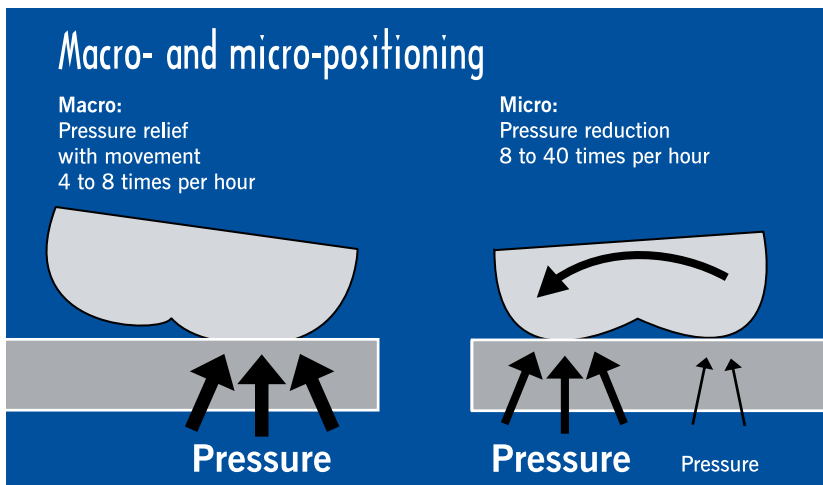
Dear reader,

Despite professional standards for pressure ulcer prevention in nursing treatment (EDSP), the topic of positioning has not lost its importance. The most commonly used form of positioning is positioning at an angle of 30°. However, in addition to this method several other positioning variants such as small nests, 135°, hollow positioning and V-positioning exist.

Micro-positioning has now been accepted as a nursing treatment. It offers a new starting point for consideration and for further development. In line with this, the German medical services area from the medical insurance (MDK) argues positively in their basic statement on decubitus (project group 32, status: 2001). When micro-positioning is discussed, it quickly becomes apparent that many people have already heard of it but they have problems implementing it in everyday nursing treatment. Just as with MiS Micro-Stimulation (a nursing-therapeutic attempt at pressure ulcer prevention and treatment) both supporting movement and pressure relief should comprise the focus of daily treatment.

What is micro-positioning?

A healthy person who is lying down makes 8 to 40 micro-movements per hour. Micro-positioning has taken this physiological movement pattern as its guide. The objective is to achieve physiological position changes in the joints and supporting position changes by distributing the pressure at the head, shoulder, hip and thigh.



What are the aims of micro-positioning?

It can now be regarded as certain that the smallest shift of the centre of gravity will achieve a prophylactic effect.

The frequency and continuity in the simulation of the physiological movement pattern serves to support the avoidance of secondary diseases such as pressure ulcers, pneumonia, thrombosis, and contractures.

Pressure reduction for certain areas of the body as given during macro-positioning is not achieved. Micro-positioning provides temporary alleviation (pressure distribution) but it does not replace regular positioning.

For whom can micro-positioning be used?

Micro-positioning offers the opportunity to execute positioning changes quickly and gently without moving the patient. This measure is especially good for pain patients and for nightly position changes.

This positioning variant can be used for all patients who are only able to move on their own with restrictions or who need help with nursing treatment for their movement and mobility.

How does micro-positioning work?

During each contact smallest changes can be made to the position of the patient. For example, this measure can be taken clockwise. For this purpose, a folded towel can be placed underneath the pelvis and positioned under the shoulder after a short while.

One further variant is the use of an inclined level. In this case, a foam wedge is used to tilt the mattress slightly without moving the patient. It is specially recommended for home use, but it can be recommended elsewhere, it is best practice to involve the patient and relatives in this activity. Assuming that they have been instructed & understand the importance of a movement plan.

A practical tip: if towels are used to assist positioning, it has proven practical to take one colour of towel as a standard for positioning. This shows everybody concerned immediately that micro-positioning is being carried out.

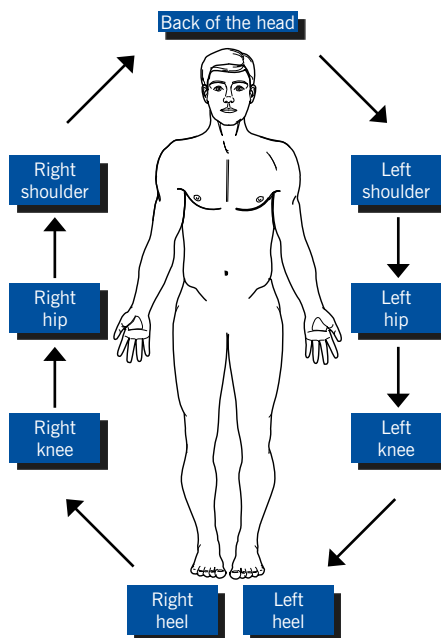
Which devices/accessories can be used?

Towels, duvets (folded/rolled) and pillows are well-suited for use when carrying out micro-positioning. Devices should be used whilst taking the principle “less is more” into account in order to avoid negative effects on the bed climate and the patient’s freedom of movement.

As no special positioning devices are used, micro-positioning may also be implemented by relatives who care for the person concerned.

How can micro-positioning be documented?

Documentation is made on a movement plan. This movement plan can be adapted individually to the provision of medical care or the institution. Currently there is still no standardised documentation procedure. Particular incidents are recorded in the nursing treatment documentation.



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