Out-of-hospital resuscitation 4: recovery position

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Abstract This article, the last in a four-part series on adult basic life support, describes the procedure for placing a patient in a recovery position.

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A side-lying recovery position is recommended when patients are unresponsive but breathing normally, so do not require cardiopulmonary resuscitation (Perkins et al, 2021). This article is based on Resuscitation Council UK’s sequence, detailed in Perkins et al (2021). When a patient is unconscious or unresponsive, their airway is at risk from; regurgitated gastric contents, loose objects in the mouth and obstruction by the back of the tongue. The recovery position helps to:
● Maintain a patent airway;
● Reduce the risk of airway obstruction and aspiration.

Spinal injury
Ideally, patients with a suspected spinal injury should be kept still until emergency services arrive, and only be moved if an open airway cannot otherwise be maintained. If repositioning is necessary, the patient should be carefully ‘log-rolled’, ensuring the head and neck are kept in alignment; Hammett (2018) gives more information on this. However, maintaining an open airway and ensuring the casualty is breathing always takes priority over a suspected spinal injury.

Individual safety
When putting someone in a side-lying recovery position, it is important to move and handle the casualty safely. You should:
● Assess the situation before proceeding to ensure you are able to safely move the casualty;
● Work with other bystanders if possible;
● Keep your spine in line and avoid twisting;
● Ensure you face the patient straight on;
● Use their limbs as levers to avoid lifting them (Resuscitation Council UK, 2020).

Procedure
1. Check the environment to decide which is the best side to roll the patient onto, and remove any obstacles. Women who are pregnant and in their third trimester should be rolled onto their left-hand side to avoid the foetus compressing the inferior vena cava. For a thoracic or head injury, you should roll onto the injured side to protect the uninjured side, or for a thoracic injury, to enable the uninjured lung to function unimpeded.
2. Kneel beside the person and straighten their limbs.
3. Place their arm that is nearest to you at right angles to their body.
4. Bring the patient’s arm on their far side across their chest. Place the back of their
5. Using your other hand, hold their far leg just above the knee and pull it up. Their foot should remain on the ground (Fig 3) - this is the lever that will enable you to roll the patient towards you, without actually lifting them.

6. Keeping the patient’s hand pressed against their cheek, pull on their far leg to roll them towards you and onto their side (Fig 4). Support the patient’s head and neck as you roll them.

7. When the patient is on their side, bend their upper leg and knee at right angles to the body (Fig 5); this will keep the patient stable. Ensure they are rolled over far enough so their tongue flops forward to allow any vomit or secretions to drain freely from their mouth.

8. Tilt the patient’s head back to maintain an open airway. If necessary, adjust the hand under their cheek to keep the head in a tilted position.

9. Keep checking for normal breathing by feeling for their breaths on the back of your hand. Only leave the person if absolutely necessary, and observe them closely until emergency services arrive. **NT**

**References**


**Professional responsibilities**

This procedure should be undertaken only after approved training, supervised practice and competency assessment, and carried out in accordance with local policies and protocols.