

Repositioning at End-of-Life Care: Guidance Sheet

Do you need to reposition residents every 2 hours at end of life?

Short answer: No — not always.

At end-of-life, the goal is comfort and dignity, not routine pressure prevention schedules.

Key Points:

- Comfort takes priority over routine repositioning schedules
- Reposition only if the resident appears uncomfortable or requests it
- Move gently and slowly to avoid distress or breathlessness
- Use supportive equipment (pillows, air mattress, heel protectors)
- If movement causes pain or distress, minimise repositioning
- Respect resident and family wishes — discuss comfort goals

When to Reposition:

- Signs of discomfort or pain
- Resident requests movement
- As part of gentle hygiene and comfort care routines

When Not to Reposition:

- During final hours when the resident is unconscious
- When movement causes clear distress or breathlessness
- When resident/family requests comfort-first approach

Documentation Tips:

- “Positioned as tolerated — comfort maintained.”
- “Comfort repositioning in place — resident peaceful.”
- “Family wishes honoured — comfort-focused plan.”

Final Reminder:

We reposition for comfort, not the clock.

Comfort > Routine