Step	Procedure	Yes	No	Remarks
1.	Perform hand hygiene.			
2.	Collect equipment:  Stethoscope Pulse oximeter Trendelenburg's hospital bed or tilt-table (more common in pediatric agencies) Water in pitcher and glass Tissues and paper bag Chair (for draining upper lobes) Extra pillows Oral hygiene care: toothbrush, toothpaste, mouthwash, or chlorhexidine oral rinse if ordered Suction equipment (if client unable to cough and clear own secretions) Clean gloves, face shield, Apron (when there is risk of exposure to client's respiratory secretions) Client education materials			
3.	Greet and identify the client with two identifiers (name and date of birth). Explain the need for postural drainage in the client and ensure the client is not contraindicated for the procedure. This procedure should be done before the client takes a meal or 1 ½ hours after the client has taken the meal.			
4.	Inform what you are going to do (What, why, how) and obtain client's informed consent for the procedure			
5.	Perform hand hygiene.			
6.	Provide privacy to the client by closing doors, pulling curtains as per client's convenience.			
7.	Auscultate client's lungs to determine baseline respiratory status.			
8.	Assess vital signs and pulse oximetry before postural drainage treatment.			

9.	Perform hand hygiene and don clean gloves, face shield, and gown as per agency policy.  Personal protective equipment protect you from potential contact with client's phlegm or sputum during or after the procedure.				
	Position the client as ordered for 3-15 minutes as per agency policy.				
	Perform percussion and vibration at the same time as per agency policy.				
	In generalized disease, drainage usually begins with the lower lobes, continues with the middle lobes, and ends with the upper lobes.				
	In localized disease, drainage begins with the affected lobes and then proceeds to the other lobes to avoid spreading the disease to uninvolved areas				
Uppei	Upper Lobe Anterior Apical Segment Drainage				
10.	Position the client in chair or high fowler's in bed.				
11.	Perform percussion:  1 - Instruct the client to breathe slowly and deeply, using the diaphragm, to promote relaxation  2 - Hold your hands in a cupped shape, with fingers flexed and thumbs pressed tightly against your index fingers  3- Clap gently with the cupped hand over both shoulders at same time, with heels of the hand at the shoulder and fingers over the clavicles in front.				
	Percussion helps to dislodge secretions in lungs.				

12.	Perform vibration:  1- Flatten a cupped hand over the shoulder and place the other hand on the top of the first hand.  2- Have the client take in a breath slowly and deeply.  3- Have the client breathe out slowly through the pursed lips  4- While the client is breathing out, gently apply the pressure on your hands downward and vibrate your hands.  Vibration helps loosen the secretion of the lungs.			
13.	Perform percussion and vibrations, alternating, for 5 minutes.			
Uppei	Lobe Posterior Apical Drainage			
14.	Position client in chair, leaning forward on pillow or table.			
15.	Percuss and vibrate with hands on either side of the upper spine, at the same time.			
Uppei	Lobe Anterior			
16.	Position client flat on back with small pillow under knees.			
17.	Percuss and vibrate just below the clavicle on either side of the sternum.			
Uppei	Lobe Posterior Bronchus			
18.	To drain posterior segment of right upper lobe, assist client to lie on the left side horizontally turned 45 degrees on to the face, resting against a pillow with another supporting the head.			
19.	To drain posterior segment of left upper lobe, assist the client to lie on the right side turned 45 degrees on to the face, with 3 pillows arranged to lift the shoulders 30 cm from the horizontal.			
Lingul	Lingular Bronchus			
20.	Position client on right side with arm overhead in Trendelenburg's position, with foot of bed raised 30 cm (12			

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	inches), as tolerated. Place the pillow behind back and roll the client one-quarter turn onto it.		
21.	Percuss and vibrate lateral to the left nipple below the axilla.		
Left a	nd Right Anterior Lower Lobe Bronchi		
22.	Position the client on back, with foot of bed elevated 45 to 50 cm (18 to 20 inches). Have knee bent on pillow.		
23.	Percuss and vibrate over lower anterior ribs on both sides.		
Right	Lower Lobe Lateral Bronchi		
24.	Position client on abdomen in Trendelenburg's position with foot of bed raised 45 to 50 cm (18 to 20 inches) as tolerated.		
25.	Percuss and vibrate on left and right side of chest below scapula, posterior to midaxillary line		
Left Lo	ower Lobe Lateral Bronchi		
26.	Position client on right side in Trendelenburg's position with foot of bed raised 45 to 50 cm (18 to 20 inches) as tolerated.		
27.	Percuss and vibrate on left side of chest below scapulas posterior to the midaxillary line.		
Right	and Left Lower Lobe Superior Bronchi		
28.	Position client flat on stomach with pillow under stomach.		
29.	Percuss and vibrate below scapulas on either side of spine		
Coughing			
30.	After postural drainage, vibration or percussion, instruct the client to cough.  1-Instruct client to inhale deeply though his nose and then exhale in three short buffs.  2- Then have client inhale deeply again and cough through a slightly opened mouth.  Three consecutive coughs are highly effective.		

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### Name of the Procedure/Rubric/Rationale: Postural Drainage

33.	If the client's cough is ineffective, suction client as per agency policy.		
31.	Assist client with oral hygiene as necessary.  Oral secretions may have a foul taste or smell.		
32.	Auscultate the client's lungs to evaluate the effectiveness of therapy.		
33.	Help the client to a comfortable position, ask the client for any discomforts, ensure the call bell is within the client's reach, lower and lock the bed, and assess to determine the need for side rails before you leave.		
34.	Perform hand hygiene.		
35.	Document the assessments and postural drainage procedure, client's response.		

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