

## **Prone Positioning for Patients on Ventilator**

### **- Skills Check list to safely position the patient prone.**

- \_\_\_ Ensure patient has no exclusion criteria
- \_\_\_ Gather necessary equipment
- \_\_\_ One hour prior to turning prone or returning to the supine position, turn off gastric enteral tube feeding to reduce the risk of aspiration.
- \_\_\_ Verify the order. Ensure Provider is present for initial proning.

#### ***Before Turning the Patient***

- \_\_\_ Assess the RASS (The Richmond Agitation and Sedation Scale (RASS) is a validated and reliable method to assess patients' level of sedation in the intensive care unit) and ensure agitation and anxiety is appropriately managed.
- \_\_\_ Perform anterior body wound care, change dressing as needed and provide eye care
- \_\_\_ Ensure the tongue is inside the mouth and insert a bite block prn.
- \_\_\_ Secure the endotracheal (ET) or tracheotomy tube with tape
- \_\_\_ Empty drainage collection devices prior to as needed.
- \_\_\_ Prepare 5 ECG leads to place on patients back while on side lying position during proning procedure.
- \_\_\_ Prepare positioning devices to protect skin including 2 blanket rolls to be placed at the clavicle and the iliac crest of sufficient size so that the diaphragm and abdomen will be suspended and move freely in the supine position.
- \_\_\_ Ensure adequate staff are present: the RN Team leader, 1 RT, and 4 additional staff. Ensure Provider is present for first proning.
- \_\_\_ Adjust all patient tubing and invasive monitoring lines to prevent dislodgment, kinking, disconnection, or contact with the body. Lines inserted in the upper torso are aligned with the shoulder, and the excess tubing is placed at the head of the bed. Except chest tubes or other large-bore tubes (e.g., tubes used for extracorporeal membrane oxygenation). Chest tubes and lines or tubes placed in the lower torso are aligned with either leg and extend off the end of the bed.

### ***Manually Turning the Patient***

- \_\_\_ Raise the bed to hip level
- \_\_\_ Place absorbent pad over groin followed by a draw sheet over mid abdomen
- \_\_\_ Turn the face and ventilator circuitry toward the ventilator. Move the patient, using a draw sheet or transfer device, to the edge of the bed furthest away from the ventilator
- \_\_\_ Align the arms and hands parallel to the body.
- \_\_\_ Tilt patient on lateral side toward the ventilator. Place new ECG electrodes on patient's back in standard lead position and remove anterior chest wall electrodes. Place pressure relieving devices for head at head-of-bed. Tuck draw sheet and absorbent pad to be removed, under patient. Place clean draw sheet and absorbent pad under the patient. Place blanket rolls under the patient's clavicle and iliac crest of sufficient size to allow chest and abdomen to move freely. Place pressure relieving surfaces for the knees.
- \_\_\_ PAUSE, ensure all team members are ready for turn
- \_\_\_ Turn the patient into the prone position
- \_\_\_ Remove old linens, pull clean linens into position
- \_\_\_ Position and utilize positioning devices to prevent injury using pressure relieving devices. Position head onto head positioning device to ensure ETT is free of obstruction and offload pressure points. Position arms and hands parallel to the body, and then flex them to a comfortable position. Alternatively, place one of the patient's arms up and one down, as in a swimmer's position. Pad the elbows with a pillow, small towel, or gel or foam positioning device to prevent ulnar nerve compression. Support the patient's ankles with a pillow, linen, or gel or foam positioning device to provide correct flexion while prone and to offload the toes. Pad the knees with pressure relieving devices.
- \_\_\_ Assess all medical devices, dressings, limbs, to prevent pressure injuries
- \_\_\_ Return the bed to the lowest position and place in reverse Trendelenburg or as ordered by practitioner.

### ***Monitoring and Management of the Prone Patient***

- \_\_\_ Assess the security of the ET or tracheostomy tube and all lines and tubes
- \_\_\_ Monitor response to the prone position by assessing vital signs, SpO2 and EtCO2.
- \_\_\_ Restart the tube feeding, if paused.
- \_\_\_ While prone: Hourly shift the position of the head to prevent facial breakdown. As one person lifts the head, the second person moves the headpieces to provide head support in a different position.
- \_\_\_ While prone: Every 2 hours partially reposition patient to redistribute pressure and limit potential for breakdown
- \_\_\_ Provide oral care as per the routine procedure
- \_\_\_ Document the patient is prone in the Mobility section of the doc flow sheet

### ***Returning the patient to the supine position***

- \_\_\_ Raise the bed to hip level
- \_\_\_ Ensure adequate staff are present including a minimum of the RN Team leader, 1 RT, and 4 additional staff. The primary RN is the team leader and instructs the team through the steps of turning procedure using the checklist. Include rehab services if present on the unit.
- \_\_\_ Adjust all patient tubing and invasive monitoring lines to prevent dislodgment, kinking, disconnection, or contact with the patient's body during the turning procedure and while the patient remains in the prone position. Lines inserted in the upper torso are aligned with the shoulder, and the excess tubing is placed at the head of the bed. Except chest tubes or other large-bore tubes (e.g., tubes used for extracorporeal membrane oxygenation). Chest tubes and lines or tubes placed in the lower torso are aligned with either leg and extend off the end of the bed.
- \_\_\_ Turn the patient's face and ventilator circuitry toward the ventilator.
- \_\_\_ Straighten the patient's arms and rest them on either side.
- \_\_\_ Move the patient, using a draw sheet or transfer device, to the edge of the bed closest to the ventilator



- \_\_\_ Tilt patient on lateral side away from ventilator. Place new ECG electrodes on patient's chest in standard lead position and then remove posterior ECG electrodes. Remove blanket rolls, tuck old linen for removal and place new linen under patient.
- \_\_\_ PAUSE and ensure all team members are ready for the next step
- \_\_\_ Position patient supine.
- \_\_\_ Readjust all patient tubing and invasive monitoring lines.
- \_\_\_ Assess the patient's response.
- \_\_\_ Return bed to the lowest position
- \_\_\_ Document the procedure in the Mobility section of the doc flow sheet including patient tolerance and total time spent in the prone position.