

Pre proning guide:

4/15/2020

- 1) Assure that pt meets criteria for proning
- 2) **Notify** necessary personnel (additional RNs/CNAs/RT) of expected time for turn (anticipate 1 staff member per 50# of body wt -minimum of 2 on each side +1 RT for head)
- 3) Gather supplies-sheets and 5-6 pillows (flat sheet, slider sheet and moisture relief sheet)
- 4) Lubricate and tape eyes closed
- 5) Assure appropriate sedation/paralytics
- 6) Allevyn foam to knees, top of feet hips and/or other pressure points
- 7) Assist RT to retape ETT with cloth tape (do not use commercial tube holders)
- 8) **Empty** drains and do dressing changes if required
- 9) **Stop** enteral feeding, flush and cap feeding tube
- 10) **Suction** mouth, nose and ETT, assuring that tongue is in pt's mouth (bite block can be used if needed)
- 11) **Provide** 100% FiO2

Proning procedure guide:

- 1) **Bed** should now be placed flat and pt centered in bed
- 2) **Remove** gown and EKG electrodes, and other non-essential monitoring devices
- 3) **Align** all upper body drains/lines toward head of bed
- 4) **Align** all lower body drains/lines toward foot of bed
- 5) **Place** moisture relief sheet over (patient skin side down)
- 6) **Place** slider sheet (TAP) over moisture relief sheet (patient side down)
- 7) Position pillows to provide pressure relief once turned
- 8) **Place** flat sheet over pillows (return: over TAP- turn and position system if available)
- 9) **Tuck** arm closest to (return: away from) vent under patient's hip palm up
- 10) **Max** inflate bed
- 11) **Roll** bedding that is under patient together with bedding over the patient on both sides
- 12) **With** RT at head of bed securing head and ETT, slide patient away from (return: towards) vent on RT's count
- 13) **Turn** patient toward (return: away from) vent side lying on RT's count
- 14) **Staff** on vent side change their hold on linen to the top (return: bottom) side as staff away from vent move to grasp linens under (return: on top of) patient
- 15) **Complete** the turn towards the vent onto chest and abdomen on RT's count
- 16) **Assure** that head and ETT are stable
- 17) **Place** electrodes on back (chest) and evaluate heart rate/rhythm
- 18) **Perform** any necessary shifting of patient to center in bed on RT's count assuring proper head position and adequate support of low back
- 19) **Additional** staff may be dismissed
- 20) **Release** max inflation-do not use opti-rest (normal mattress inflation) (return: may use optirest)
- 21) **Assure** proper placement of all tubes and lines
- 22) **Reconnect** all other monitoring devices, tube feeds etc. return to appropriate vent settings
- 23) **Assess** need for additional pillows (return: end here), placing patient in swimmer's position (arm towards face is down, arm towards back of head is up) with shoulder angle not greater than 90*
- 24) Assure that sufficient support is provided under shins to support feet
- 25) Bed may be placed in reverse Trendelenburg position
- 26) **Document** procedure noting any unusual findings or occurrences

Maintaining pronation:

- 1) If available utilize backboard to provide head support and use of donut pillow to maintain face down position, assuring 2b and 2c every 2 hours
- 2) Q2 hour repositioning
 - a. turn head/change swimmer's position
 - b. make slight lateral turns-can use SAGE wedges or pillows on same side as face to enhance comfort
 - c. assess skin for redness/breakdown: consult wound care if needed
- 3) VS and assessments per unit protocol

Returning to supine:

Follow **BOLDED Pre-proning** steps **2, 8-11**, and **proning procedure guide** steps **1-6, 8-23**, and **26 EXCEPT** that patient will be turned **AWAY** from vent as indicated in red font. Remember that patient's face will always be looking at the vent during turning procedure.