

CONSIDERATIONS FOR PRONE POSITIONING

Education

- Maintain Safe Patient Handling and Mobility (SPHM) competency
- Additional proning specific staff training
- Consider simulation training

Indication

- Refractory hypoxemia in face of conventional ventilator strategies and medical management
- ARDS
- P/F ratio of < 100 mmHg

Contraindications

- Open surgical wounds
- Elevated ICP
- Unstable spine or axial fractures

Treatment Discontinuation

- Hemodynamic instability
- Lack of patient therapeutic response
- P/F ratio is consistently >300 mmHg

PREPARATION FOR PRONE POSITIONING

Personnel

- Airway Manager
- ICU trained RN
- Two other trained personnel

Gather Required Equipment

- SPHM tools per facility policy
- Padding
- Consider adding line extensions

Teamwork

- Assign clear roles and positions
- Pre-brief team on plan



Final Preparations

- Don PPE
- Check PPE
- Pre-oxygenate with 100% Oxygen for at least 3 min
- Consider holding tube feed

Airway Considerations

- Sedation +/- Neuromuscular Blocking medications
- ETT clamp or Kelly clamp
- ETT Secure
- Emergency airway management tools

PRONE POSITIONING STEPS

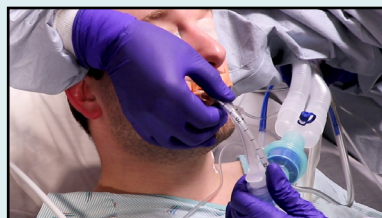
Prepare Patient for Turn

- Move Equipment
- Drape lines and cables
- Disconnect cables, hoses and non-essential IV lines
- Position indwelling urinary catheter



Beginning the Turn

- Airway Manager coordinates patient movement
- Ventilator circuit should be slack
- ETT and circuit should remain attached
- Maximally inflate Mattress



Lateral Move

- Place patient arms down
- Position SPHM
- Move patient to the edge of the bed



Side-Lying

- Roll patient into a full side lying position
- Assess all lines & cables
- Replace EKG leads



Fully Prone

- Roll patient to their abdomen
- Assess airway, ventilation & O₂ saturation
- Pad pressure points
- Ensure neutral position of head and neck



PRONE POSITION AFTERCARE

Patient Care

- Oral care
- Urinary catheter care
- Eye care
- ETT care, security and suctioning

Reposition Patient

- Reposition patient's head and arms every 2-4 hours
- Return patient to supine position daily for skin assessment

Schedule Rotation

- Determine patient rotation schedule based on staffing levels
- Patient in prone position for a minimum of 12 hours a day

Reassess and Document

- Calculate P/F ratio daily
- Document length of proning position and response

Implement Continuous Quality Improvement

- Debrief team
- Identify lessons learned