SAFETY STEPS

1. Rule out Contraindications
2. Ensure Senior Resident or Consultant is in CCTC before elective proning or supination in case of airway emergency. Significant airway edema/challenges may develop during proning. For patients requiring urgent proning due to deterioration, a Senior Resident or Consultant should be present. If required urgently before Senior Resident can arrive, page Anaesthesia for urgent backup in advance of turning.
3. Attempt to prone on day shift when adequate manpower and emergency airway support. Time pronation so that supination does not need to occur until next day shift.
4. Prior to proning, insert a small bowel feeding tube unless enteral feeding is contraindicated. If proning is required urgently, initiate feeding when repositioned supine.
   - Maintain reverse Trendelenburg while in the prone position. If reverse trendelenburg cannot be maintained, insert a gastric drainage tube.
5. Assemble Personnel
   - A minimum of 5 staff members are required to prone a ventilated including an RRT or physician responsible for airway
   - The “airway manager” is responsible for the count
6. Turn patient using spinal precautions (most on neuromuscular blocking agents)
7. Turn patient to prone or supine position so that they face the ventilator during turning
8. Ensure there is an RRT and physician available in the unit who is skilled at intubation prior to turning.
9. Use Procedural Safety Pause review all steps with turning team prior to starting
10. Review emergency response and ensure appropriate personnel and equipment is available prior to turning including:
   - Accidental extubation (reintubation equipment available, bag-mask)
   - Rapid supination plan in the event of cardiac arrest
   - Accidental loss of other lines and tubes (e.g., central venous, arterial or dialysis lines, chest tubes)
11. RRT to evaluate ETT securement and identify ETT distance marking AT THE TEETH prior to turning.

Procedural Steps

1. Obtain gel surgical positioning pads if available
2. Turn patient to one side and apply ECG leads to the patient's back. When finished, remove all chest electrodes
3. Examine patient's chest to identify areas vulnerable to pressure (e.g., subclavian or jugular lines). Integrate strategies to alleviate pressure on these point.
4. Reposition all lines and tubes that are located above the patient's waist straight upward toward the head of the bed.
5. Reposition all lines and tubes that are located below the waist (e.g., bladder catheter, femoral lines, fecal drainage systems and chest tubes) straight down toward the foot of the bed.
6. RRT re-evaluate ETT securement and identify ETT distance marking AT THE TEETH immediately prior to turning.
7. Obtain 3 long gel rolls, and place one across chest just above level of axilla, one across iliac crest, and one across the thighs (if available). Pillows can be used if gel pad is not available. DO NOT place middle roll below iliac crest or femoral nerve compression can occur.

8. Position arms along the side of the body with fingers pointing toward toes. Keep arms as close to body as possible.

9. While patient is supine, cross feet at the ankles by placing the foot OPPOSITE to the ventilator on top.

10. Place two lift sheets over the patient’s chest and midsection.

11. Cover the lifter and entire patient with a sheet. The sheet should cover from the head to foot of the bed.

12. Fold the section of the sheet that is above the shoulders so that the patient’s head is not covered up.

13. Grab both the top and bottom sheets together. Along both sides of patient, tightly roll the sheets together like a jelly roll to sandwich patient firmly between the sheets.

14. Slide the patient to the side of the bed away from the ventilator.

15. First Turn:
   - Review process for turning, airway manager determines when to turn
   - Log roll using spinal precautions
   - Hold tightly onto jelly roll at each side to secure patient
   - Turn patient onto side only (facing ventilator)
   - Following turn, airway manager to adjust ETT and tubing in preparation for final turn

16. Second Turn (pronation):
   - The "Airway Manager" is responsible for determining when to turn. Prior to turning, review the expectations for this second turn.
   - Turn prone
   - Hold tightly onto jelly roll at each side to secure patient
   - Support ETT
   - Maintain neck alignment

17. Reassess Airway once patient is prone:
   - ETT distance AT THE TEETH
   - Cuff leak: if cuff leak persists after adding additional air once, recheck tube position at the TEETH and perform a prone position x-ray to rule out laryngeal placement
   - Pressure points around ETT and securement device
   - Check for any kinks in tubing
   - Breath sounds, ventilator parameters
   - Lifting team to assist RRT to establish airway patency. The head and shoulders may need to be lifted and supported in order for ventilator tubing to hang freely.

18. Review Procedure for Assessment and Monitoring