

Proning and Supination: Safety Steps

SAFETY STEPS

1. Ensure that [Patient, Visitor and Health Care Provider Safety](#) is maintained.
2. Assemble team and perform [Procedural Safety Pause](#).
3. Obtain difficult airway cart and have equipment ready in case it is needed.
4. 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.
5. If proning is required or there is concern about the airway before the Senior Resident/Consultant can arrive, page Anaesthesia for urgent backup.
6. Attempt to prone and supinate during hours when sufficient manpower and backup is available. When electively proning, consider the impact that this will have on the time for supination.
7. A minimum of 5 staff members are required to prone a ventilated patient. An RRT or physician is responsible for managing/protecting the airway.
8. A Senior Resident or Consultant who is skilled in the management of a difficult airway must be present to manage potential airway emergency.
9. The “airway manager” is responsible for directing the team around turning.
10. Turn the patient using spinal precautions. The patient will be deeply sedated and usually receiving neuromuscular blockade. The loss of muscle protection places limbs, joints and spine at risk for dislocation.
11. Turn patient to prone or supine positions so that they face the ventilator during turning
12. Use [Procedural Safety Pause](#) and walk through all steps of the turning process with the turning team prior to starting, to ensure everyone knows the process before starting.
13. **Prior to turning and at the start of each shift, review emergency response plans with team members in your bay including:**
 - Accidental extubation (reintubation, location of emergency airway equipment, bag-mask equipment)
 - Rapid supination plan in the event of cardiac arrest or accidental extubation
 - Accidental loss of other lines and tubes (e.g., central venous, arterial or dialysis lines, chest tubes)
14. RRT to evaluate ETT securement and identify ETT distance marking **AT THE TEETH** prior to turning.
15. Ensure that end tidal CO₂ monitoring is initiated prior to proning the patient.