

Procedural Steps: Proning

Preparing for Turn

1. Ensure that [Patient, Visitor and Health Care Provider Safety](#) is maintained.
2. Prior to proning, insert a small bowel feeding tube if possible, unless enteral feeding is contraindicated. If initial proning is required urgently, initiate feeding when patient is repositioned supine.
 - Maintain reverse Trendelenburg while in the prone position. If reverse trendelenburg cannot be maintained, insert a gastric drainage tube.
3. Assemble team and perform [Procedural Safety Pause](#). Talk through steps as a group prior to starting procedure and review responsibilities. Consider potential complications and treatment plan prior to starting.

Team Member Responsibilities:

- Leader to direct steps using checklist.
 - Airway manager is positioned at the top of the bed. The airway manager is responsible for maintaining the airway AND neck alignment during the turns. The airway manager directs.
 - At least 2 – 3 people are assigned to each side of bed (based on patient size and stability). They are responsible for jelly-rolling the sheets, lifting the patient and turning.
 - Additional team members are required based on patient situation. For patients with vascular devices/dialysis lines/chest tubes, one nurse is assigned to prepare/advise/monitor the lines.
 - A physician with expertise in difficult airway management should be present.
4. Obtain difficult airway cart and have equipment ready to use if required.
 5. Obtain extra pillows and nerve protector pads to aid in positioning
 6. Reposition all lines and tubes that are located above the patient's waist straight upward toward the head of the bed.
 7. 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.
 8. RRT re-evaluate ETT securement device and identify ETT distance marking **AT THE TEETH** immediately prior to turning.
 9. Examine patient's chest to identify areas vulnerable to pressure (e.g., subclavian or jugular lines). Integrate strategies to alleviate pressure on these pressure points.
 10. Make sure there is no traction on Foley and that foreskin is in correct position.
 11. Check chest tubes to prevent kinking.

Preparing the Patient

1. Apply lacrilube and ensure eyes are closed.
2. Maxi-inflate the bed surface.
3. Turn patient to one side and apply ECG leads to the patient's back. When finished, return patient to supine position and remove all chest electrodes.
4. Position a pillow across the patient's upper chest just above the axilla. This helps to raise the head and neck so that the endotracheal tube does not kink. A second pillow may be required for some patients.
5. Position pillows across the iliac crest and mid thigh. Avoid pressure in the groin area which can cause femoral nerve compression.

6. Position arms along the side of the body with fingers pointing toward toes. Keep arms as close to body as possible.
7. Cross the feet at the ankles by placing the foot OPPOSITE to the ventilator on top
8. Place two lift sheets over the patient's chest and midsection. This will become the bottom sheet after turning.
9. Cover the lifters and entire patient with a sheet. The sheet should cover from the head to foot of the bed.
10. Fold the section of the sheet that is above the shoulders so that the patient's head is not covered up.
11. Grab both the top and bottom sheets together. Along both sides of patient, tightly roll the sheets together like a jelly-roll to sandwich the patient firmly between the sheets.

Turning:

1. Review the process for turning. Patient will be moved to side of bed away from ventilator first. Turning will be completed in 2 – steps. During step one, the patient will be turned onto their side facing the ventilator. During step two, the patient will be turned prone.
2. Maintain careful spinal precautions during turning.
3. Airway manager to review communication instructions for turning. For example, turn right after my count of “3” (as in 1, 2, 3, turn).

Step One:

Move the patient to the side of the bed opposite to the ventilator. Move the patient to the top of the bed.

Step Two:

Secure the jelly-roll tightly and turn the patient to face the ventilator. Patient should be perpendicular to bed surface. Take the time to secure the airway and make sure lines/devices are in good position before completing the final turn.

Step Three:

Complete the turn into the prone position.

4. **Reassess Airway once patient is prone:**
 - Check for any kinks in tubing
 - Assess breath sounds, ventilator parameters
 - Check that ETT distance has been maintained.
 - Evaluate end tidal CO₂. A significant change in end tidal CO₂ measurement can also indicate tube migration.
 - Lifting team to assist RRT to establish airway patency. The head and shoulders may need to be lifted and supported in order to allow ventilator tubing to hang freely.
 - If the shoulders and chest are not high enough and additional pillows are required, **DO NOT** allow patient's neck to be extended backward during repositioning or placement of pillows as this can lead to neck injury or loss of airway.
 - Assess pressure points around ETT and securement device. Adhesive tape securement may need to be considered if Anchor fast is causing pressure.
 - **Cuff leak:** if a cuff leak develops and persists after adding additional air once, recheck tube position at the TEETH and perform a prone position xray to rule out laryngeal placement.
5. **Assess Lines and tubes**
 - RN to assess lines and tubes for kinks, disconnection or pressure points.
 - Disconnect CEEG leads (at least on the dependent side).
6. **Review Procedure for Ongoing Assessment/Monitoring/Repositioning**