Procedural Steps: Supination

Preparing for Turn

1. Ensure that Patient, Visitor and Health Care Provider Safety is maintained.
2. 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.
3. Obtain difficult airway cart and have equipment ready to use if required.
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 device and identify ETT distance marking **AT THE TEETH** immediately prior to turning.
7. Make sure there is no traction on Foley and that foreskin is in correct position.
8. Check chest tubes to prevent kinking.

Preparing the Patient

1. Maxi-inflate the bed surface.
2. Turn patient to one side and move ECG leads to the patient's chest. When finished, return patient to supine position and remove all chest electrodes.
3. Position arms along the side of the body with fingers pointing toward toes. Keep arms as close to body as possible.
4. Cross the feet at the ankles by placing the foot OPPOSITE to the ventilator on top
5. Cover the patient’s bottom with an incontinent pad if necessary.
6. Cover the incontinent pad and patient with a sheet that extends from head to foot.
7. Fold the section of the sheet that is above the shoulders so that the patient’s head is not covered up.
8. 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 closest to the ventilator first. Turning will be completed in 2 – steps. During step one, the patient will be turned onto their side facing the ventilator and the ECG leads will be removed from the patients back. 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 down the bed if their head is on the bedside table.
4. Move the patient to the side of the bed opposite to the ventilator.
   Step Two:
   Secure the jelly-roll tightly and turn the patient to face the ventilator. Patient should be perpendicular to bed surface. While on their side, remove ECG leads from the back and move them to the chest. 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 supine position.
5. **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 CO_2 measurement can also indicate tube migration.
   - Lifting team to assist RRT to establish airway patency and patient position.
   - Assess skin carefully for signs of pressure injury around ETT. **Cuff leak:** if a cuff leak develops and persists after adding additional air once, recheck tube position at the TEETH and perform a chestxray to rule out laryngeal placement.
6. **Assess Lines and tubes**
   - RN to assess lines and tubes for kinks, disconnection or pressure points.
7. **Inspect skin carefully and document assessment.**