

### Prone Positioning for Intubated Patients

This guideline is for use by all staff involved in turning patients from supine to prone position.

Patients should remain in the prone position for 12-16 hours maximum.

| Step |   | ✓ |
|------|---|---|
| 1.   | Confirm indication for undertaking supine to prone manoeuvre: <ul style="list-style-type: none"> <li>Moderate to severe ARDS with PaO<sub>2</sub>:FiO<sub>2</sub> ratio &lt; 150 mmHg and FiO<sub>2</sub> ≥ 0.6</li> <li>Early within the course of the disease (ideally &lt; 48 hours) following 12-24 hours of mechanical ventilation allowing for treatment optimisation.</li> </ul> |   |
| 2.   | Gather team of six healthcare professionals including: <ul style="list-style-type: none"> <li>One airway trained person at head of the bed.</li> <li>Two people on either side of the bed.</li> <li>One person ("The reader") dedicated to reading this checklist aloud.</li> </ul>   |   |
| 3.   | Identify one of the four people standing on either side of the bed to manage drains, cannulae and arterial/central lines.   |   |
| 4.   | The reader should lead the team in verbally "rehearsing" steps 5 to 11 of this checklist.   |   |
| 5.   | Detach any unnecessary monitoring.  |   |
| 6.   | Note ETT tube length at lips.   |   |
| 7.   | Remove any pillows from the bed and under the patient's head.   |   |
| 8.   | Completely flatten the bed.   |   |
| 9.   | Insert slide sheets by rolling the patient from one side and then to the other on the call of the team member at the head end.  |   |
| 10.  | Place a clean sheet on top of the patient leaving only the neck and head exposed.   |   |
| 11.  | Roll the edges from top and bottom sheets together encasing the patient between the two (like the edges of an apple turnover).  |   |
| 12.  | Ensure drains, cannulae and arterial/central lines are secure and will not be pulled out.   |   |
| 13.  | Horizontal move: <ul style="list-style-type: none"> <li>Keep the bed sheets pulled taught and edges rolled tight.</li> <li>On the call of the team member at the head end, move the patient horizontally away from the ventilator to lie on the edge of the bed.</li> </ul>   |   |
| 14.  | Lateral turn: <ul style="list-style-type: none"> <li>The team members now furthest from the patient should adjust their hand position to have a hold of the opposite edge of the rolled up sheet.</li> <li>On the call of the team member at the head end, rotate the patient by 90 degrees to lie on their side.</li> </ul>  |   |
| 15.  | Prone positioning completion: <ul style="list-style-type: none"> <li>On the call of the team member at the head end, turn the patient into the prone position.</li> <li>The team member at the head end should carefully support the head and neck whilst turning the head to face the ventilator.</li> </ul>   |   |
| 16.  | Ensure the ETT is not kinked and the CO <sub>2</sub> trace is still present. Note the length of ETT at the lips and review the ventilator settings.   |   |
| 16.  | Ensure patient is in the centre of the bed.   |   |

Created 16/03/2020, updated 23/03/2020

Dr Robyn Anderson (Clinical Teaching Fellow, Anaesthetics) and Dr Julie Doverty (Simulation Fellow, Anaesthetics)  
[Randerson10@nhs.net](mailto:Randerson10@nhs.net), [Julie.doverty@nhs.net](mailto:Julie.doverty@nhs.net)

Scottish Centre for Simulation and Clinical Human Factors, Forth Valley Royal Hospital

|     |   |  |
|-----|---|--|
| 17. | Reattach all monitoring removed before prone positioning process was started.   |  |
| 18. | Remove slide sheets.  |  |
| 19. | Unravel the two rolled up flat sheets to make the bed.  |  |
| 20. | Place an absorbent pad under the patient's head to catch secretions.  |  |
| 21. | Position arms into the swimmer's position: <ul style="list-style-type: none"> <li>• On one arm the shoulder should be abducted to 80 degrees and elbow flexed to 90 degrees.</li> <li>• The other arm should be by the patient's side.</li> <li>• Position of both head and arms should be alternated every 2-4 hours.</li> </ul>   |  |
| 22. | Tilt the bed to 30° in the reverse trendelenburg position.  |  |
| 23. | Pressure areas should be meticulously checked: <ul style="list-style-type: none"> <li>• Ensure there is no direct pressure on the eyes.</li> <li>• Apply micropore tape horizontally to the eyes.</li> <li>• Check corneal clarity with bright light - if not clear, alert medical staff.</li> <li>• Assess eye condition 2-4 hourly.</li> <li>• Ensure that ears are not bent over.</li> <li>• Ensure ETT not pressed against the corner of the mouth or lips.</li> <li>• Place dermal pads between ETT cotton ties and patient's skin to reduce pressure from securing the ETT.</li> <li>• Check the ETT cuff pressure.</li> <li>• Ensure that nasogastric tubes are not pressed against nostrils.</li> <li>• Ensure that the penis is hanging between the legs with the catheter secured.</li> <li>• Ensure that lines / tubing are not pressed against the skin.</li> </ul> |  |

Created 16/03/2020, updated 23/03/2020



Created 16/03/2020, updated 23/03/2020

Dr Robyn Anderson (Clinical Teaching Fellow, Anaesthetics) and Dr Julie Doerty (Simulation Fellow, Anaesthetics)  
[Randerson10@nhs.net](mailto:Randerson10@nhs.net), [Julie.doerty@nhs.net](mailto:Julie.doerty@nhs.net)  
Scottish Centre for Simulation and Clinical Human Factors, Forth Valley Royal Hospital