



Proning Procedure Checklist for Intubated Patient * Date _____ Time Initiated _____

Prior to the Procedure		
Introduction of team members		
MD _____	Other _____	
RT _____	Other _____	
RN _____	Other _____	
Attending MD and RN aware	Y	N
Any foreseen event difficult to perform once patient is prone?	Y	N
Contraindications	Y	N
Eyes taped and lubricated	Y	N
NGT feeds stopped 1-2 hours	Y	N
NGT length at nares	Y	N
Airway and ventilation		
Pre-oxygenate with 100% O2	Y	N
Suction airway/oropharynx	Y	N
Length ETT at teeth noted	Y	N
ETT secured	Y	N
Appropriate ventilator settings	Y	N
Tidal volume:	Y	N
Inspiratory pressure:	Y	N
PaO2 / FiO2 ratio:	Y	N
Chest tubes secured, placed below patient	Y	N
Chest tubing run down patient. Disconnect if safe.	Y	N
ABG done as indicated	Y	N
Non-essential monitoring & infusions stopped	Y	N
All lines situated cephalad & caudad	Y	N
All lines sutured & secured	Y	N
Adequate length on remaining lines – above and below waist	Y	N
Skin integrity assessed & documented	Y	N
Anti-pressure dressings on bony prominences	Y	N
Urinary catheter taped to postero-medial of leg	Y	N
Daily hygiene completed	Y	N
Equipment available		
___ Re-intubation equipment	___ Eye ointment	
___ Difficult airway cart	___ Low air loss mattress/equivalent	
___ Crash cart on standby	___ 3 clean bedsheets	
___ Closed circuit suctioning	___ 3-6 pillows	
___ Endotracheal tube (ETT) tapes	___ Cushioning /absorbent pads	
___ ECG electrodes		
Guidance for Proning Cushion		
<ul style="list-style-type: none"> For non-ventilated - face down position only For ventilated – head placed to side with downside ear centered over opening 		

Time Out		
Verbal confirmation among team members	Y	N
Minimum of 5 people-plus 1 for chest tube	Y	N
Team member roles assigned and known	Y	N
Person at head of bed & managing airway is assigned	Y	N
Appropriate ventilator settings	Y	N
Hemodynamically stable	Y	N
Adequate sedation (RASS-5)	Y	N
Muscle relaxation-may need bolus	Y	N
Proning Procedure		
Airway staff to coordinate all movement. Assigned staff to call out steps.		
1. Lay flat in neutral position on clean sheet with slide sheet underneath		
2. Tuck arm close to ventilator underneath buttock with palm facing anteriorly		
3. Remove anterior ECG electrodes		
4. Place proning cushion or pillows over chest		
5. Place separate pillows over hips/iliac crests and lower legs		
6. Place a sheet on top leaving head & neck exposed		
7. Roll the edges from the top & bottom sheets tightly together to encase patient		
8. Keep sheet taut and edges rolled tight		
9. Move patient horizontally away from the ventilator to lie on edge of bed		
10. On the call of Airway staff, team maintain tight grip on rolled sheets and rotate patient to 90° to lie on side		
11. Adjust hand positions on rolled up sheets to have a hold of the opposite edge when compared to horizontal move.		
12. On the call of Airway staff, pull up the rolled-up sheet from beneath the patient while turning into prone		
13. Support head and neck & turn head to face the ventilator		
14. Check ETT is not kinked & verify length at lips		
15. Check ventilator settings		
16. Remove the sheet covering the back		
17. Re-attach ECG electrodes on back and resume monitoring		
18. Place patient center of bed		
19. Place absorbent pad under head to catch secretions		
20. Position arms in 'swimmer's position' – raise arm on same side which head is facing, place other arm by patient's side		
21. Abduct shoulder to < 90°, elbow flexed about 90° on raised arm		
22. Position patient at 10-30° in reverse Trendelenburg		
Guidance for Obese Patients		
<ul style="list-style-type: none"> Orient 'burrito' sheets length-wise across upper half of patient underneath & over For lower half of patient, orient sheets in head to toe direction 		

Prone Procedure Checklist for Intubated Patient * Date _____ Time Initiated _____

Sign Out			Post Prone Checkpoints		
ETT length at teeth	Y	N	<input type="checkbox"/> No pressure on eyes	<input type="checkbox"/> ECG leads not underneath	<input type="checkbox"/> Arterial & CV lines checked
End tidal CO2/Capnography	Y	N	<input type="checkbox"/> Ears not bent over	<input type="checkbox"/> Breasts supported – no pressure	<input type="checkbox"/> Infusions connected and active
Ventilator settings confirmed	Y	N	<input type="checkbox"/> NGT not pressed against nose	<input type="checkbox"/> Abdomen – no compression	<input type="checkbox"/> Lines not resting against skin
Lines secured	Y	N	<input type="checkbox"/> NGT position confirmed & secured	<input type="checkbox"/> Support pillows tailored to body habitus	<input type="checkbox"/> Pressure points padded
Chest tube on suction & secured	Y	N	<input type="checkbox"/> No hyperextension of neck	<input type="checkbox"/> Male genitalia between legs	<input type="checkbox"/> Slide sheet removed
Team hand-off done	Y	N	<input type="checkbox"/> No compression of anterior neck	<input type="checkbox"/> ETT not pressing against corner of mouth & lips	<input type="checkbox"/> Reverse Trendelenburg 30°
				<input type="checkbox"/> Foley catheter secured & not kinked	<input type="checkbox"/> All monitoring resumed

Post-Prone Positioning
Pillow positioning
Across chest – chest/breast are supported & free from pressure
Across pelvis – abdomen free from pressure
Under shins – prevent hyperextension at ankle and pressure on knees
Adjust pillow height so neck & lower back not hyperextended & shoulders to fall slightly forward of the anterior capsule of shoulder joint
Changing arm position
Minimum of 3 staff – RT at head of bed to manage airway, and one staff on both sides.
Bring elevated arm to patient side
While keeping elbow at 90° and palm facing the bed, bring upper arm alongside the chest
Turn upper arm away from the body towards the legs so that palm faces upward at same time as straightening the elbow
Rest the arm straight alongside the body
Changing head position
With both arms straight and alongside the body, slide patient up the bed to clear head off the mattress
With help of 2 staff, RT holds the head and ventilator tubing to turn head to other side
Adjust head with use of supporting aids
Slide patient back down the bed so head is supported by mattress
If using proning cushion
- Lower head rest
- No need to slide patient up the bed
- Change head position as above
- Adjust to swimmer's position

Prone to Supine (Preferably done in the AM)
<ul style="list-style-type: none"> ▪ Activate team ▪ Follow pre-procedure preparation for proning ▪ Perform patient wrapping ▪ Move horizontally away from the ventilator and turn patient towards ventilator

In Case of an Emergency

Cardiac Arrest in Prone Position

- Turning a critically-ill prone patient in an emergency increases risk of ETT displacement, disconnection of vascular lines and injury to patient and staff
- De-proning delays CPR. Begin prone CPR immediately
- Check efficacy of chest compressions with end tidal CO2 and arterial pressure waveforms
- Standard two-handed technique for chest compressions over the mid-thoracic spine around the level of the base of the scapula is recommended
- Consider anterior counter-pressure by a second person
- If indicated defibrillate by placing one pad on the left mid-axillary line and the other pad over the right scapula
- Defibrillation pads may be alternatively placed on the bi-axillary positions

*Complete checklist every proning procedure