MANUAL PRONING PROTOCOL TEAM E
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Proning will start at 4pm every day and return to supine will be at 10am
Swimmers position to be changed every 4 hours

Things to consider

a. An MD competent in airway management must be available during the entire proning and supining procedure.
b. When possible central venous access in the neck is preferred over the groin in order to be able to have easy access and visual control of it, and it will also be close to the leader who is at the bedside
c. Conversations not related to proning will be postponed until after the procedure to ensure patient safety. Point person is the only person talking
d. If no a-line in place, consider placing one before prone positioning.
e. Avoid use of harder foam positioners (e.g. Wedge)

Tips for skin care

- Assess bony prominences for each patient and individualize areas to cover with skin protective measure
- When possible use the low air loss module in the bed.

Pre-work

a. Pre-oxygenate the patient with FiO2 of 100% for 30 minutes before prone or supine positioning.
b. Gather equipment (list below)
c. Appropriate PPE
d. Place tube feedings on hold for 30 minutes before proning.

List of supplies to have available

-Inside the room

a. Two Flat sheets
b. Three pillows
c. Prophylactic foam dressings
d. ECG leads

-Outside the room but readily available:

a. Intubation kit and glidescope
b. Extra tubing for IV medications
c. Bedside table

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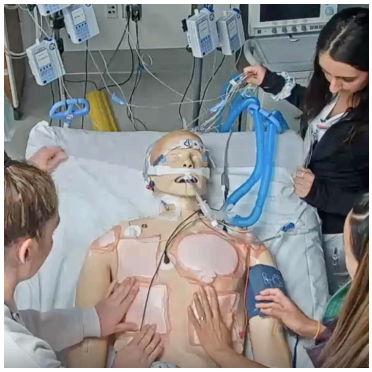
Staffing model
Proning team consist of these four members:

1) ATTENDING PHYSICIAN or RESPIRATORY THERAPIST - in charge of:
    - Acting as the team leader, giving concise instructions and performing the turn counts.
    - Securing the airway.
    - Monitoring the IV lines/tubes and the ventilator tubing
2) TWO NURSES AND ONE PCT/PCA
    - To prone the patient

Transition to proning
Step 1: Patient preparation

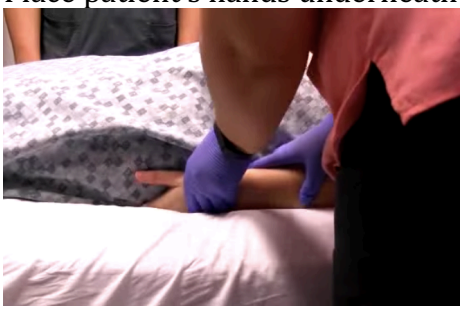
a. Undress the patient
b. Untangle lines and cables. Use extension tubing as needed.
c. Place foam dressings to prevent skin breakdown, particularly to anterior bony
d. Prominences as follows:



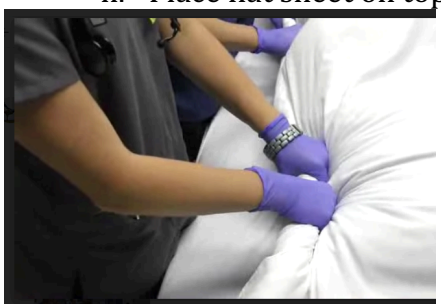
e. Place eye pads on patient. Make sure the eyelids are well closed.
f. Verify that the ET tube and feeding tube are secured
g. Move the ventilator as close to the patient as possible.
h. Perform time out including
    - Patient Name
    - Procedure
    - Confirmation of presence of safety supplies- RT intubating box just outside the room
    - Direction that patient will be turned in (towards or away from ventilator)
    - Verbal check that all tubes are secured
    - Verbal check that all team members are ready

a. Disconnect all non-necessary tubing temporarily.
b. Remove stat-lock from foley tubing. Empty foley bag, place foley tubing and bag between legs
c. Ensure adequate sedation in place. RASS target -5 prior to proning. Of note many patients will probably be already receiving neuromuscular blockade.

d. If patient has an arterial line, ensure it is in place and working. Ensure tubing is long enough for proning or disconnect if no significant hemodynamic instability.
e. Lock the bed in place.
f. Remove ECG leads.
g. Place patient's hands underneath buttocks.



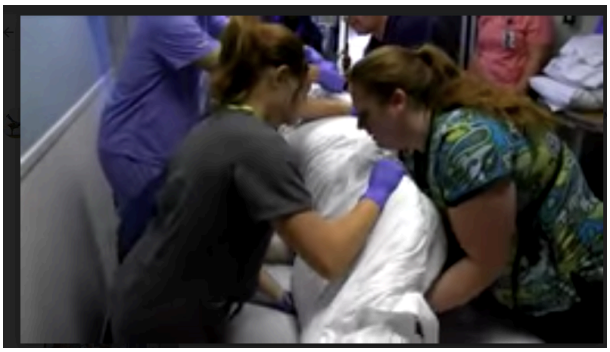
h. Place flat sheet on top of patient and roll sides tight to patient.



i. Max inflate the bed.

Step 2: Proning the patient

a. Remove pillow from under the patient's head.
b. Slide patient towards the vent under the direction of the MD/RT
c. Reach across the patient and in one motion turn the patient 180 degrees from supine to prone in one motion (Picture)



d. The head should be placed on the side.
e. Center patient in bed and straighten out sheets
f. Apply new ECG leads and patches

Step 3: Adjusting patient position after proning

a. Move arms and legs into a swimmer's position. Use pillows to make sure they are in a comfortable position. Head faces the arm that is extended and upwards, bend ipsilateral leg as in the picture below:

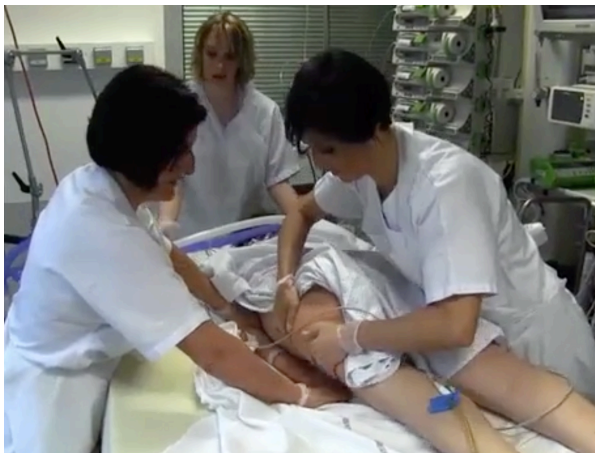
b. Alternate arms and head side every 4 hours.
c. Every attempt is made to prevent pressure injuries to the face, ears, around lines and tubes, and over bony prominences.
d. Straighten and reconnect the lines and tubes.
e. Make sure that the patient is not lying on the foley catheter.
f. Confirm that the eyes are tightly closed and that that ears are protected.
g. Adjust the bed and place it into **reverse Trendelenburg position**

Step 4 – Care of the patient while in prone position

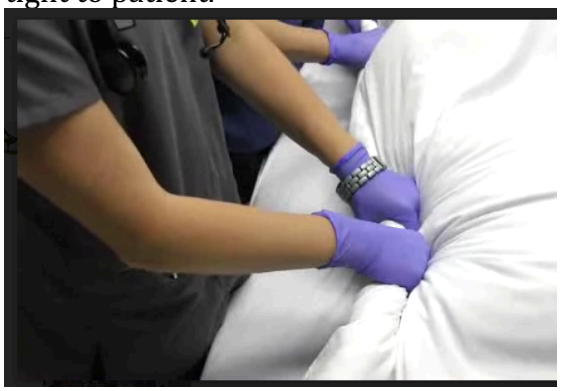
a. Resume tube feedings if previously ordered.
b. Monitor bony promienences and add additional skin care measures as needed.
c. If you go into the room between the q4 hour intervals while the patient is proned, perform micro-turns of the head in between

Step 5 - Returning to supine position

a. Assemble the team and supplies as above
b. Perform time out as above
c. Prepare the patient as above regarding foley, arterial line and other monitoring. Disconnect all non-necessary tubing.
d. Remove ECG leads
e. Max inflate the bed.
f. Remove arm, leg, and head pillows.
g. Place both arms under each thigh as follows:



h. Cover patient with flat sheet. Place flat sheet on top of patient and roll sides tight to patient.



i.
j. Pull the patient towards the vent side of the bed.
k. Reach across the patient and in one motion turn the patient 180 degrees from prone to supine in one motion

Didactic videos Transition to Prone Position:

https://youtu.be/tahuFOgCQLg
https://www.youtube.com/watch?v=qx2z26IL6g8&feature=emb_logo
https://www.nejm.org/doi/full/10.1056/nejmoa1214103
https://nyumc.ellucid.com/documents/view/17697 This one requires Kerberos ID and password to view)

· Care of the Patient in Prone Position:
https://youtu.be/eakDu-C5lRI

· Transition to Supine Position:
https://youtu.be/swE-zwwoJT4