

Figure 8

PRONING PREPARATION CHECKLIST	Done	N/A
1. Check the physician order	<input type="checkbox"/>	<input type="checkbox"/>
2. Change endotracheal tube (ETT) tape using 1" adhesive cloth tape. If an Anchorfast airway securing device is being used, remove it and secure the ETT using adhesive tape.	<input type="checkbox"/>	<input type="checkbox"/>
3. Verify endotracheal tube placement via most recent chest radiograph. ETT tube should be 5±2 cm above the carina	<input type="checkbox"/>	<input type="checkbox"/>
4. Check to make sure venous access devices are properly secured. Add I.V. extension set tubing to existing tubing if length is insufficient	<input type="checkbox"/>	<input type="checkbox"/>
5. Place Biatain silicone dressings on forehead, chin, cheeks, upper chest, anterior iliac crests and bilateral knees	<input type="checkbox"/>	<input type="checkbox"/>
6. Perform eye care. Lubricate eyes (Lacrilube) if ordered. Tape eyelids shut in a horizontal manner using Biatain silicone dressings	<input type="checkbox"/>	<input type="checkbox"/>
7. Ensure the patient's tongue is in his/her mouth. If tongue is protruding, insert a bite block.		<input type="checkbox"/>
8. If dressing change on anterior body needs to be done during the ordered duration of proning, perform dressing change before the turn	<input type="checkbox"/>	<input type="checkbox"/>
9. Empty Ileostomy/colostomy bag and other drains if present. Place Biatain silicone dressing between drain tubing and patient skin	<input type="checkbox"/>	<input type="checkbox"/>
PRONING CHECKLIST	Done	N/A
1. Ensure there is an adequate number of an ICU team members available to turn the patient before proceeding. There should be at least four team members or one per 50 lbs (22 kilograms) of the patient's total weight (e.g., 200 lbs = four team members).	<input type="checkbox"/>	<input type="checkbox"/>
2. Place patient on FiO ₂ of 1.0. Suction ET tube, mouth and nose	<input type="checkbox"/>	<input type="checkbox"/>
3. Stop enteral feedings. Flush and cap the feeding tube	<input type="checkbox"/>	<input type="checkbox"/>
4. Place patient into the midline position with the head of the bed flat	<input type="checkbox"/>	<input type="checkbox"/>

5. Reposition invasive lines and tubings so they are in the midline position. a. Upper torso invasive lines and tubings should be aligned with either shoulder and placed at the head of the bed b. Lower torso invasive lines and tubings should be aligned with either leg and extend off the end of the bed	<input type="checkbox"/>	<input type="checkbox"/>
6. Assess invasive lines and tubings again. Remove any nonessential monitoring devices (blood pressure cuff and foley temp probe cables). Add I.V. extension tubing if existing lines are not long enough	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>CHEST TUBE</u> : Place chest tube collection system to the side of the bed that the insertion site will be on when the patient is prone	<input type="checkbox"/>	<input type="checkbox"/>
8. Move the bed so the respiratory therapist (RT) is positioned behind the patient's head. <i>The RT is responsible for supporting the head and ETT</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Position at least two people on both sides of the bed (depending on patient weight)	<input type="checkbox"/>	<input type="checkbox"/>
10. Change ICU bed setting to "Maximum Inflate."	<input type="checkbox"/>	<input type="checkbox"/>
11. Position patient on the edge of the bed on the <u>opposite</u> side of the ventilator. Ensure catheters, I.V. tubing, cables are not kinked, disconnected or stuck	<input type="checkbox"/>	<input type="checkbox"/>
12. With the RT securing the ETT, turn the patient to the lateral position so the patient is facing AWAY from the ventilator and place a new folded draw sheet under the patient (just like if changing soiled sheets). Make sure the some of the draw sheet is hanging off of the bed	<input type="checkbox"/>	<input type="checkbox"/>
13. Place patient back into supine position	<input type="checkbox"/>	<input type="checkbox"/>
14. Tuck the patient's arm that is on the same side of the ventilator slightly under the buttocks. Place other arm in adduction position.	<input type="checkbox"/>	<input type="checkbox"/>
15. Cross the patient's leg that is closest to the edge of the bed over the opposite leg and ankle	<input type="checkbox"/>	<input type="checkbox"/>
16. Turn the patient's head to the opposite side of the ventilator.	<input type="checkbox"/>	<input type="checkbox"/>
17. Remove ventilator tubing from the support arm and loop ventilator tubing above patient's head	<input type="checkbox"/>	<input type="checkbox"/>
18. On a count of three by the RT, turn the patient to the lateral decubitus position so the patient's chest is facing TOWARDS the ventilator	<input type="checkbox"/>	<input type="checkbox"/>

19. Remove ECG electrodes. Attach new ECG electrodes on patient's back	<input type="checkbox"/>	<input type="checkbox"/>
20. Place pillows on the bed so that when the patient is prone, the pillows will be under the chest and pelvis.	<input type="checkbox"/>	<input type="checkbox"/>
21. On a count of three by the RT, roll the patient towards the ventilator into the prone position. The patient's face should be facing towards the ventilator	<input type="checkbox"/>	<input type="checkbox"/>
22. Using the new draw sheet, unroll it on the opposite side of the ventilator and use it to reposition the patient into the center of the bed	<input type="checkbox"/>	<input type="checkbox"/>
23. Assess airway position and hemodynamic status.	<input type="checkbox"/>	<input type="checkbox"/>
24. Assess invasive lines and tubings. Recalibrate pressure transducers.	<input type="checkbox"/>	<input type="checkbox"/>
25. Suction ETT, mouth and nose as needed	<input type="checkbox"/>	<input type="checkbox"/>
26. Assess silicone dressing and adjust, replace or add silicone dressings to skin pressure points	<input type="checkbox"/>	<input type="checkbox"/>
27. Place pillows under shins so the patient's toes do not touch the mattress	<input type="checkbox"/>	<input type="checkbox"/>
28. Change ICU bed setting to "Normal" mode (per manufacturer, do not use optirest setting while patient is in the prone position)	<input type="checkbox"/>	<input type="checkbox"/>
29. Place bed in Reverse Trendelenberg position, at a 10-20 degree angle	<input type="checkbox"/>	<input type="checkbox"/>
30. Restart tube feeds	<input type="checkbox"/>	<input type="checkbox"/>
31. Document procedure in ICCA	<input type="checkbox"/>	<input type="checkbox"/>
PRONING MAINTENANCE CHECKLIST	Done	N/A
1. Reposition arms Q2 hours. Place arms in adduction position (arms to side, palms up), at the side of the patient's head or one in each position (swimmer's position).	<input type="checkbox"/>	<input type="checkbox"/>
2. Reposition head Q2 hours either facing towards or away from the ventilator. <u>Make sure the orbits and the eyes are not in contact with the bed mattress or paddings. This prevents abrasion and permanent eye damage</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. Turn the patient slightly lateral position Q2 hours. Place the pillows on the same side that the patient's head is turned to minimize torqueing of the neck	<input type="checkbox"/>	<input type="checkbox"/>
4. Assess patient's skin for areas of non-balanceable redness or breakdown. Replace or add additional silicone dressings to pressure points. Consult wound care nurse	<input type="checkbox"/>	<input type="checkbox"/>

in determining preventable pressure ulcer measures when the patient is in the prone position		
5. Reposition patient so that their neck and lower back are not hyperextended	<input type="checkbox"/>	<input type="checkbox"/>
6. Keep mattress in normal mode while patient is prone position – <u>do not use optirest</u>	<input type="checkbox"/>	<input type="checkbox"/>
PRONING TO SUPINE CHECKLIST	Done	N/A
1. Ensure there are an adequate number of ICU team members available to turn the patient before proceeding. There should be at least four team members or one per 50 lbs (22 kilograms) of the patient's total weight (e.g., 200 lbs = four team members)	<input type="checkbox"/>	<input type="checkbox"/>
2. Stop enteral feedings. Flush and cap the feeding tube	<input type="checkbox"/>	<input type="checkbox"/>
3. Place patient on FiO ₂ 1.0. Suction endotracheal tube, mouth and nose	<input type="checkbox"/>	<input type="checkbox"/>
4. Reposition invasive lines and tubings so they are in the midline position. <ul style="list-style-type: none"> a. Upper torso invasive lines and tubings should be aligned with either shoulder and placed at the head of the bed b. Lower torso invasive lines and tubings should be aligned with either leg and extend off the end of the bed 	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>CHEST TUBE</u> : Place chest tube collection system on the side of the bed where the insertion site will be after the patient is turned	<input type="checkbox"/>	<input type="checkbox"/>
6. Move the bed so RT is positioned behind the patient's head. <i><u>The RT is responsible for supporting the head, ET tube and upper torso I.V.s tubing/catheters</u></i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Position at least two people on both sides of the bed (depending on patient's weight)	<input type="checkbox"/>	<input type="checkbox"/>
8. Change ICU bed setting to "Maximum Inflate"	<input type="checkbox"/>	<input type="checkbox"/>
9. Place patient midline position with the head of the bed flat	<input type="checkbox"/>	<input type="checkbox"/>
10. Position patient on the edge of the bed that is closest to the ventilator. Ensure catheters, I.V. tubing, cables are not kinked, disconnected or stuck	<input type="checkbox"/>	<input type="checkbox"/>
11. With the RT securing the ETT, turn the patient slightly into the lateral position so they are facing away from the ventilator. Place a new folded draw sheet under the patient (just like if changing soiled sheets).	<input type="checkbox"/>	<input type="checkbox"/>

12. Place patient back into prone position	<input type="checkbox"/>	<input type="checkbox"/>
13. Place the patient's arm into the adduction position.	<input type="checkbox"/>	<input type="checkbox"/>
14. Cross the patient's leg that is closest to the edge of the bed over the opposite leg and ankle	<input type="checkbox"/>	<input type="checkbox"/>
15. Turn patient head to the same side as the ventilator.	<input type="checkbox"/>	<input type="checkbox"/>
16. Remove ventilator tubing from the support arm and loop ventilator tubing above patient's head	<input type="checkbox"/>	<input type="checkbox"/>
17. Turn the patient to the lateral decubitus position so the patient's chest is facing TOWARDS the ventilator	<input type="checkbox"/>	<input type="checkbox"/>
18. Remove ECG electrodes. Attach new ECG electrodes on patient's chest	<input type="checkbox"/>	<input type="checkbox"/>
19. On a count of three by the RT, roll the patient into the supine position AWAY from the ventilator	<input type="checkbox"/>	<input type="checkbox"/>
20. Using the new draw sheet, reposition the patient into the center of the bed	<input type="checkbox"/>	<input type="checkbox"/>
21. Assess airway position and patient's hemodynamic status.	<input type="checkbox"/>	<input type="checkbox"/>
22. Suction ETT, mouth and nose as needed	<input type="checkbox"/>	<input type="checkbox"/>
23. Assess invasive lines and tubings. Recalibrate pressure transducers.	<input type="checkbox"/>	<input type="checkbox"/>
24. Restart the tube feeds	<input type="checkbox"/>	<input type="checkbox"/>
25. Document procedure		