Created: 3/23/20, Updated: 4/16/20
Prepared by: K. Cheli Miga, DNP, RN
Owner: Nursing Practice Innovation Committee

COVID-19

Manual Proning Checklist for Nurses

Pre-Proning Care

1. Check Physician Order (Proning Orderset).
2. Provide patient/family education for procedure and purpose of prone positioning.
3. Emergency equipment including code cart and intubation equipment should be outside patient room during pronation therapy.
4. The intensivist/designee should be present, if feasible, the first time the patient is placed in prone position and the first time the patient is returned to the supine position.
5. Plan for adequate clinical staff to assist in proning procedure:
   a. Manual proning/MaxiSlide Flite® proning: minimum of 4 clinical staff are recommended.
   b. Ceiling lift proning: minimum of 3 clinical staff are recommended.
6. Ensure that patient has adequate pain control and is adequately sedated to prescribed RASS.
7. Consider an arterial line to obtain ABGs at baseline and at 30-60 minutes after proning.
8. Place an Allevyn dressing on patient's cheeks under the Hollister ETT holding device to minimize onset of pressure injury while in the prone position.
9. Consider alternative ETT holding devices if pressure injury noted. Alternatives include traditional ETT taping.
10. Review fixation of invasive and curative devices.
11. Apply Allevyn dressings to other areas of the body associated with pressure injury formation (forehead, chin, upper chest, anterior iliac crest, knees, top of feet).
12. Apply Lacri-Lube to the patient's eyes and apply a cut-to-fit foam/Allevyn dressing over the patient's eyes.
13. Ensure tongue is in the mouth. If tongue is protruding or swelling is noted, insert bite block.
14. Ensure oral care, ostomy care, dressings changed, and drain/ostomies are emptied prior to proning.
15. Remove all ECG leads/stickers from the anterior chest and place on the patient's back with Black & Red leads on the patient's Left, White & Green leads on the patient's Right, and the Brown lead in the Middle.
16. Reposition invasive lines and tubing that are in the midline position. Re-assess fixation of invasive and curative devices and add IV tubing as needed. If there is a chest tube in place, place the chest tube on the side that the insertion site will be after pronation.
17. Consider applying a rectal bag on the patient at minimum to manage stool. If stool is liquid in consistency, collaborate with physician/APP to insert an internal Fecal Management System (i.e. Flexi-Seal), unless contraindicated.

Proning Procedure

1. Perform hand hygiene and don proper PPE.
2. Review pre-proning care as noted above to ensure all measures were performed.
3. Assemble your team (physician, optimally 3-4 other team members including bedside nurse and RT, if available), ensuring there is an adequate number of staff members to safely turn the patient.
4. Place the patient on 100% FiO_2 and suction ETT, mouth, and nose.
5. Place patient into the midline position with HOB flat

6. While patient is still in supine position, place a moisture-wicking incontinence pad (Chux), a flat sheet, a pillow over both the chest and hip, and a flat sheet on top of the pillows.
7. Turn the patient's head to face away from the ventilator with the ventilator tubing looped above the patient's head.
8. Tuck patient's hand under each hip with palm side up.
9. Wrap the edge of the sheets as closely as possible to the patient's body (like a burrito).
10. Max inflate the ICU bed.
11. Ensure the team member at the head of the bed is responsible for initiating the turn maneuver via a verbal countdown, as well as securing the patients ETT and head throughout the maneuver.
12. On the first count of three, initiated by the team member at the head of the bed, move the patient to the edge of the bed away from the ventilator and lift the patient on their side toward the ventilator. PAUSE.
13. On the second count of three, turn the patient into the prone position toward the ventilator.
14. Assess airway, invasive lines and tubing, and hemodynamic status.
15. Monitor oral secretions and suction as needed.
16. Place limb electrodes and V lead on patient's back with Black & Red leads on the patient's Left, White & Green leads on the patient's Right, and the Brown lead in the Middle.
17. Position patient's head on prone pillow, or position patient's head in a manner that minimizes pressure to face and enables visualization of ETT.
18. Position patient's arms with one above the head and the other along the patient's body.
19. Place pillow under shins so toes are not touching mattress.
20. Return ICU bed to normal mattress setting and place patient in reverse Trendelenburg, at 10-20 degree angle.
21. Document procedure in MedConnect.

Maintenance

1. Reposition head and arms every two hours.
   a. Head repositioning must be done with at least one other team member with the team member at the head of the bed initiating three count countdown and managing the airway and head movement. One a count of three, lift the patient's shoulders off the bed and rotate the head to the opposite side.
   b. Position patient's arms with one above the head and the other along the patient's body, alternating sides every two hours.
   c. Rotate the arm on the side of the ETT up, while the other rests by the patient's side (swimmer's position).
2. Assess for facial edema every 4 hours.
3. Monitor oral secretions with each position change.
4. Turn the patient slightly to the lateral position every two hours. Place pillows on the same side that the patient's head is turned to minimize torqueing of the neck.
5. Ensure the neck and back are not hyper-extended.
6. Monitor face protection equipment at least daily for saturation and wipe-off each time the padding is removed. Face protection equipment should be changed at least every 72 hours.

Expectations for Documentation

1. Document when patient starts proning, any reverse Trendelenburg positioning of the patient.
2. Document supination as well as the patient's response.
3. Document an integumentary assessment every time your patient returns to the supine position according to provider orders.

References

Guerin, C., Reignier, J., Richard, J.-C., Beuret, P., Gacouin, A., Boulain, T., . . . Ayzac, L. (2013). Prone positioning in severe acute respiratory distress syndrome. New England Journal of Medicine (368), 2159-2168. doi:10.1056/NEJMoa1214103

Vollman, K., Dickinson, S., and Powers, J. (2017). Pronation therapy. In D. Weigand (ed.), AACN procedure manual for high acuity, progressive, and critical care (pp142-163). Elsevier.