

Post Turn Checklist and Maintenance of the Prone Patient

RRT Assessment

<input type="checkbox"/>	Check ETT depth & securement, ensure airway is accessible, and can easily be passed with a suction catheter (not kinked)
<input type="checkbox"/>	Head Turner: Place patient's head on C-shaped gel/foam pad or other head rest (see patient positioning)
<input type="checkbox"/>	Suction ETT & oropharynx
<input type="checkbox"/>	Manage ventilator settings
<input type="checkbox"/>	Obtain ABG 30 min after repositioning, then Q2H until patient stabilizes (or as ordered by MRHP)

RN Assessment

<input type="checkbox"/>	Assess vital signs, lines, and infusions
<input type="checkbox"/>	Zero all hemodynamic monitoring lines
<input type="checkbox"/>	Place ECG electrodes on patient's back (Fig 3) based on your site policy

Patient Positioning

<input type="checkbox"/>	Ensure there are no pressure points under the patient (pull sheets tight, ensure knees and ankles are elevated)
<input type="checkbox"/>	Position the arms in swimmers' position, (ensure that body mechanics look appropriate, and the patient appears comfortable). Protect the shoulder joints during repositioning of arms
<input type="checkbox"/>	Place head support (C-shaped gel pad or other device) under patient's head with the open portion facing outwards (Fig 1)
<input type="checkbox"/>	Head support should rest on the forehead and cheek/mandible (Fig 1)
<input type="checkbox"/>	'Down eye' should not be resting on the head support (Fig 1)
<input type="checkbox"/>	Mouth should always be accessible for oral care
<input type="checkbox"/>	ETT should be on the 'up' corner of the mouth (Fig 1)
<input type="checkbox"/>	Take care to avoid hyperflexion and hyper extension of the head and neck
<input type="checkbox"/>	Ensure the down 'ear' is not folded over or compressed
<input type="checkbox"/>	Place patient in reverse Trendelenburg position at 30 degrees or as tolerated (Fig 2)
<input type="checkbox"/>	Reconnect NG/OG tube to suction or enteral feeds. Notify MRHP if patient is not tolerating feeds
<input type="checkbox"/>	Restart all IV infusions that were put on hold

Patient Care

<input type="checkbox"/>	Assess ETT depth/placement Q2H for migration, cuts to corners of mouth/ulcers to lips & cheeks
<input type="checkbox"/>	Lubricate and close the patient's eyes minimum Q2H to prevent corneal drying, abrasion, or infection
<input type="checkbox"/>	Avoid over extension of the neck with positioning
<input type="checkbox"/>	Turn the head Q2H (place patient's head to face the arm that is abducted upward in the swimmer's position) to promote arterial perfusion and venous drainage of the intracranial & extracranial vessels

Patient Repositioning

<input type="checkbox"/>	Continue to mobilize the patient while maintaining good body alignment by making small incremental changes in the patient's position Q2H while in prone position. Accomplish this by turning slightly to the right or left side lying position, using pillows, as tolerated by the patient. Reposition patient as necessary to minimize pressure points
<input type="checkbox"/>	For male patients ensure genitalia are not being compressed between the patient's legs or by the pelvic pad/pillow
<input type="checkbox"/>	Consider using an absorbent pad under the patient, remove all wet linen to prevent skin breakdown
<input type="checkbox"/>	Keep the bed in reverse Trendelenburg position whenever possible (Fig 2)
<input type="checkbox"/>	Support the elbows to prevent ulnar nerve compression
<input type="checkbox"/>	Change position of the arms Q2H to avoid arm contractures (using alternating swimmer's position)
<input type="checkbox"/>	Consult Physio/Occupational Therapy for assistance (if available)

Note: Prone positioning is maintained for up to 20 hours per day (of which at least 16 hours is continuous), as per MRHP order



Figure 1: Patient's head correctly resting on head gel
 Reference: CZ Prone Positioning Policy



Figure 2: Patient in reverse Trendelenburg position
 Reference: CZ Prone Positioning Policy



Figure 3: ECG electrodes placed on back post proning
 Reference: CZ Prone Positioning Policy