

Pre-Prone Checklist

Collect Supplies/Equipment

- 3- pillows; If the patient is exceptionally large, have more pillows available
- 2-flat sheets
- Head positioning devices (gel pads, foam head rest, or alternative tool)
- Turning and positioning system (if available)
- Absorbent pads, skin protection dressings (duoderm, mefix, etc.)

Preparation for Prone Position

- Personnel: Ensure there are enough staff for the procedure, minimum 5 required: including 1 RRT & 1 RN.
6 staff members are recommended: 2 @ head of bed (HOB): RT for airway management & HCW for head turn.
- Hold enteral feeding to prevent aspiration
- Clear room of non-essential equipment
- Explain the purpose for using prone positioning to the patient & family

RRT Assessment

- Determine if the patient is a **DIFFICULT AIRWAY**. If so, notify the team and **HAVE A PLAN READY!**
- Ensure intubation equipment/cart is nearby
- Ensure ETT depth is correct and secure airway. Position ETT to the side of the mouth **opposite the ventilator**
- Remind the team that during the prone procedure, the patient's face will end up towards the ventilator (this helps to avoid tension on ventilator circuit & airway)
- Suction ETT & oropharynx. Ensure cuff is inflated (pressure as per unit policy)
- Disconnect CASS (EVAC) suction tubing
- Place SpO₂ clip on patient & ensure oxygen saturation is being monitored during the proning procedure
- Ensure suction is available and functioning at HOB

RN Assessment

- Perform a comprehensive baseline assessment & note cardiopulmonary parameters to assess patient's tolerance to prone positioning. Prepare for potential **HEMODYNAMIC INSTABILITY. HAVE A PLAN READY!**
- Lubricate patient's eye and remove any earrings
- Drape chest tube along patient's side and place chambers at foot of the bed (FOB)
- Discontinue all non-essential IV lines
- Pause any non-essential IV infusions
- Disconnect NG/OG tube and secure to patient's face
- Tubes and lines above the waist → move to HOB
- Tubes and lines below the waist → move to FOB
- Reposition ECG electrodes (or remove with MRHP order) to avoid excessive pressure points
- Disconnect suction
- Maximum inflate bed
- Apply all bed brakes
- Ensure the patient is adequately sedated. Determine RASS goal with MRHP
- If indicated, perform baseline train of four and administer NMBA as ordered

Preparation for the Turn (once above check list is complete)

Place three pillows on the patient:

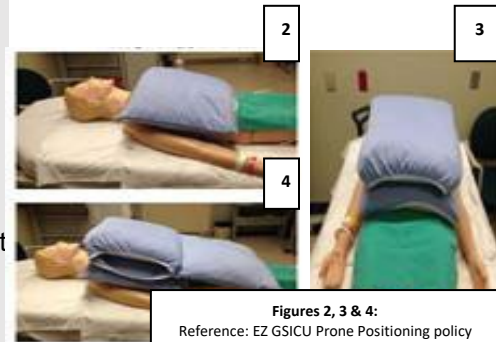
- One at the torso below the clavicle
- One at the hips
- One over the legs (this pillow may be placed after proning)
- Place absorbent pads facing patient in high drainage areas under pillows



Figure 1:
Reference: CZ Prone Positioning

Alternative pillow positioning for other body shapes & sizes:

1. Placing the pillows horizontally on chest works well for larger, wider patients (Fig 2)
2. If more than one pillow is placed on the chest, another pillow must be stacked on the torso to prevent undue stress on spine, similar to building a ramp (Fig 4)
3. Placing the pillow(s) lengthwise (Fig 2) may make it easier when turning the patient side to side while in prone position. Again, ramp the patient to prevent undue stress on the spine



Figures 2, 3 & 4:
Reference: EZ GSICU Prone Positioning policy

Head, arm, hand, ankle positioning:

- Tuck the patient's arm closest to the vent under hip with palm facing up (Fig 5)
- Cross the patient's ankles (Fig 5)
- Place new linen over the pillows if required
- Place 1 flat sheet underneath the patient, and one flat sheet or repositioning device (AirTAP) on top of the patient and ensure the head is exposed and visible for assessments



Figure 5:
Reference: CZ Prone Positioning policy

****The patient is now ready to be proned. Assemble the team and continue as per unit practice/guidance**