NHS
The Leeds Teaching Hospitals
NHS Trust

Prone positioning care bundle

To be used in conjunction with the prone positioning and refractory hypoxemic respiratory guidelines. ID 5510

Patient details

Attach sticker here

Surname: ..... Sex: M / F

Forenames: .....

Address: .....

.....

Date of Birth: ..... NHS No: .....

Adult Critical Care

LTH3269. 1st edition Ver 1.0,
Publication date 01/2020. Review date 01/2023.
Designed by Medical Illustration, Job Ref: 20190920_023/MH,

Procedure Safety Checklist: Prone Positioning

Before the procedure		
Have all members of the team introduced themselves?	Yes	No
Patient identity checked as correct?	Yes	No
Are there any contraindications as listed in the LTHT SOP	Yes	No
Family informed	Yes	No
Re-intubation equipment prepared and checked	Yes	No
Stop NG feed, disconnect and aspirate	Yes	No
Removed anchor fast and replace with tapes (check tube length once re-secured)	Yes	No
Tape eyes shut	Yes	No
Disconnect non-essential monitoring	Yes	No
Disconnect all non-essential IV infusions	Yes	No
All remaining lines and monitoring going either up or down the bed	Yes	No
Keep chest drains below patient if possible with tubing going down the bed. Clamp as last resort	Yes	No
Are there any concerns about this procedure for the patient?	Yes	No
Grade of laryngoscopy:		
Length of ET tube at teeth:		
Size of current tracheal tube:		
Level of difficulty anticipated prior to the start of the procedure		
None anticipated	Possibly difficult	Difficulty anticipated
Decision and time to prone discussed with ICM Consultant (name below) Dr		

Time out Verbal confirmation between team members before start of procedure		
Is patient on appropriate ventilator settings and pre-oxygenated?	Yes	No
Is patient adequately sedated and paralysed?	Yes	No
Consider bolus of muscle relaxant	Yes	No
All team members identified and roles assigned?	Yes	No
Any concerns about procedure?	Yes	No
If you had any concerns about the procedure, how were these mitigated?		

Sign out		
ET tube position confirmed (length at teeth and capnography)	Yes	No
Monitoring re-established	Yes	No
Ventilator settings reviewed post procedure & Fio2 adjusted	Yes	No
Chest drains below patient & unclamped	Yes	No
Pressure areas checked	Yes	No
Post procedure hand over given to nursing staff?	Yes	No
Signature of responsible clinician completing the form		

Procedure date:		
Time:		
Airway (name and grade):		
Level of supervision:	SpR	Consultant
	Name	
Re-intubation equipment checked by:		

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Prone position pressure area care plan

KEY: ✓ = Yes **D** = Declined (Record rationale on variation sheet) **X** = No **NA** = Not Applicable **NS** = Not Seen												
Date.												
Time (24 Hour Clock)												
Surface.												
Is the specialist equipment still working												
Is the pressure relieving equipment working?												
Skin inspection. Commence wound care plan for all pressure ulcers, wounds and IAD. Record skin inspection using the following codes: **0** (Healthy skin) **V** (Vulnerable skin) e.g. IAD - Incontinence associated dermatitis/moisture lesion), **1-4/U** (Category of pressure ulcer)												
	L & R	L & R	L & R	L & R	L & R	L & R	L & R	L & R	L & R	L & R	L & R	L & R
Eye (lubricate and tape shut with gauze padding)												
Face including orbit/maxilla/chin												
Ears (consider using additional padding over ear)												
Lips/nose (check NGT pressure point, pad with gelperm and move tube tie position												
Arms and hands												
Shoulders, elbows, chest (including breasts)												
Abdomen (ensure hanging), iliac crests												
Knees (ensure knees are at least partially elevated from the bed) see photos												
Toes (not touching bed, pillow under lower leg)												
Cream/moisture/emollient used?												
Monitoring checked for pressure?												
Drains and lines checked for pressure?												
Keep moving.												
Arms: move every **two hours** (see photo)												
Head: move every **four to six hours** (see photos)												
Bed: Tilt whole bed head up 30 degrees												
Incontinence. Document if bowels opened **(F)** or overflow of urine from catheter **(U)**												
F / U												
Urinary catheter position checked												
Sweat/moisture on skin												
Incontinence pad in place												
Nutrition. Nil by mouth/enteral (NBM) / Nasogastric feeding (NG) / Total parental nutrition (TPN)												
NBM / NG / TPN (NG feed whilst prone as per usual practise)												
Mouth care												
Inco sheet under face for oro-pharangeal secretions												

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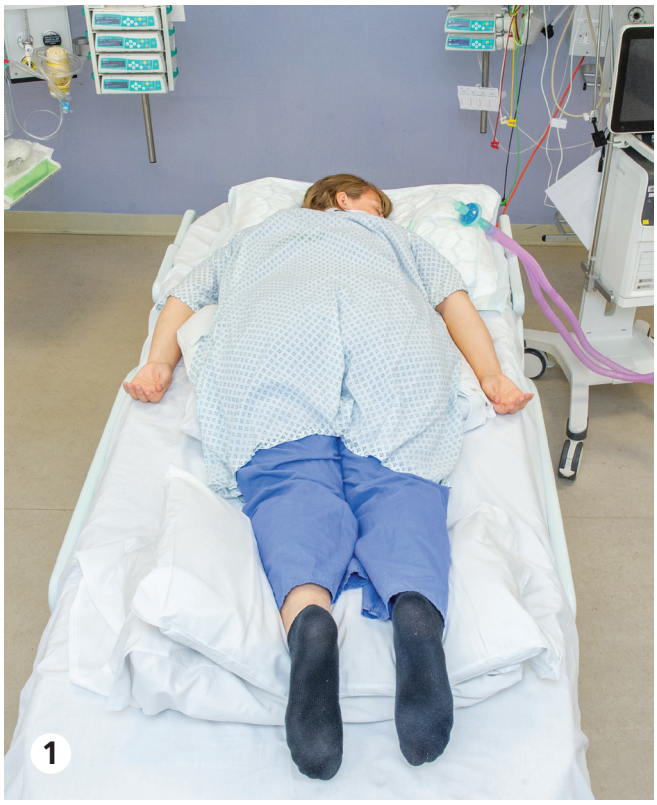
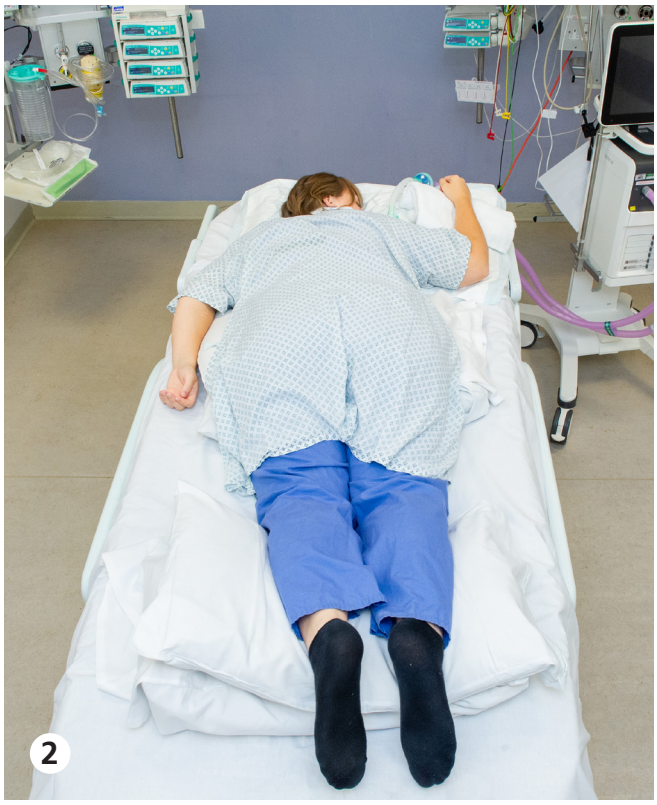
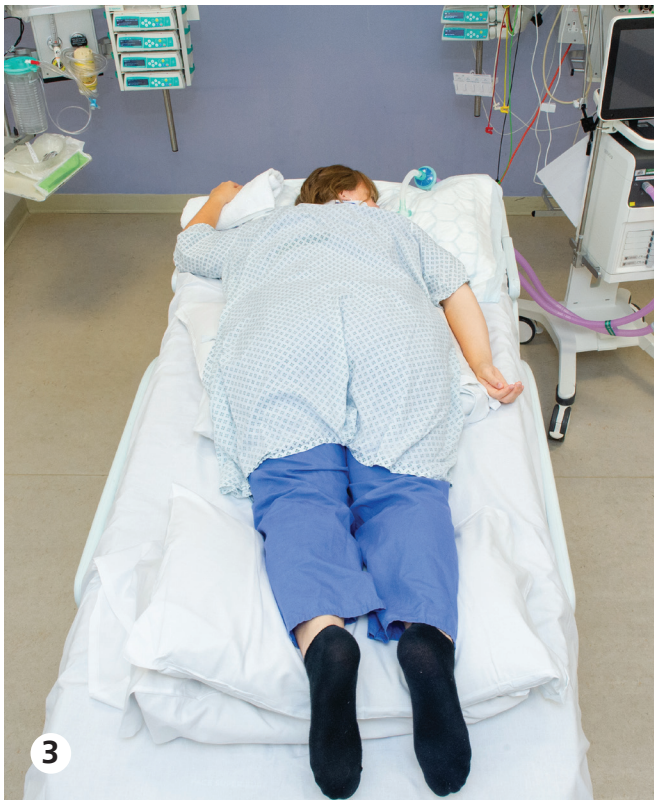
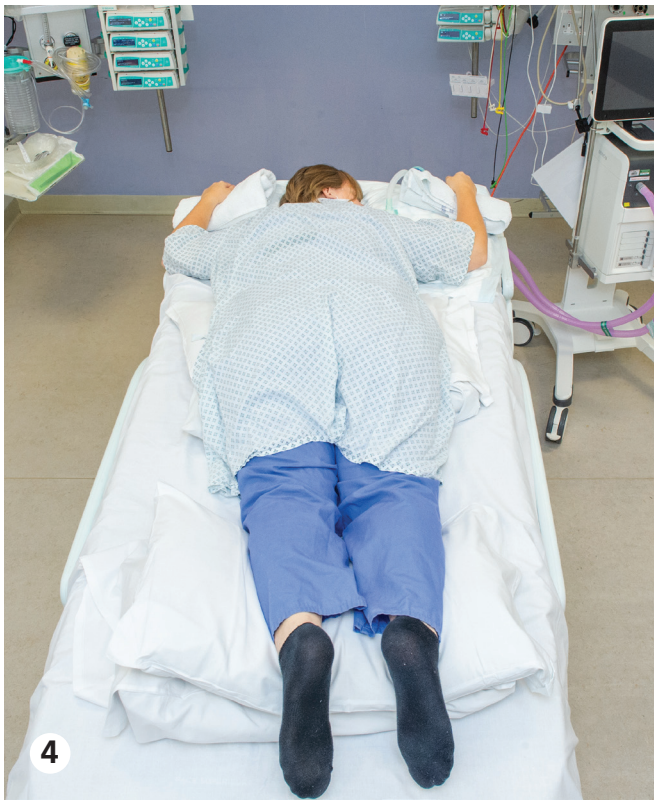
Arm positioning









Once turned prone the patients arms should be moved every two hours and rotated through each of the four positions illustrated.

Pay particular attention to support of the wrist & elbow, extension of the fingers and ensure the arm is not hyper-flexed at the elbow as demonstrated.

Head positioning

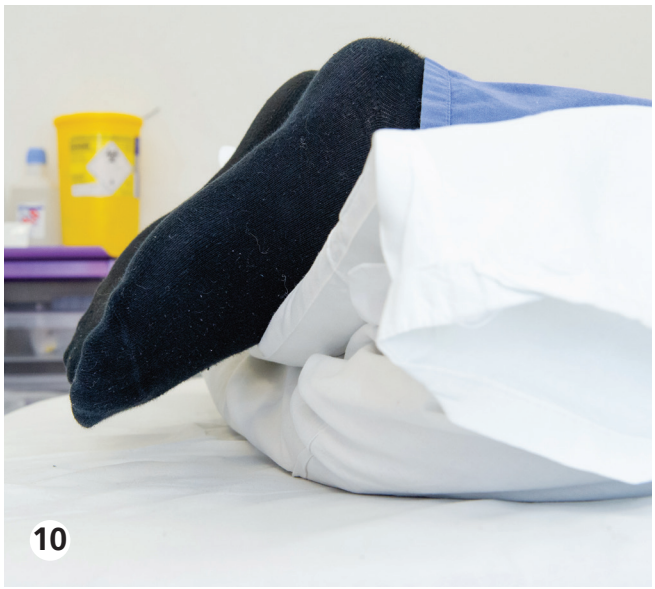
Head position to be changed every four hours where possible. Increase number of persons as required. Ensure re-intubation equipment available and pre-oxygenate.

Advanced airway provider should manage the head and control the turn with an assistant guiding the ventilator tubing, dialysis lines and central venous catheter.

If head is turned to the right, tilt patient 45 degrees such that the right shoulder and hip are lifted from the bed, then turned through the forward position to the left, gently. Then lower patient back to bed.

Replace absorbent pad and pillow under head (If used). Some patients neck movement is limited and needs to be managed with a side lying technique.

Feet positioning and general nursing cares



Use a pillow to support under the patients lower leg to prevent pressure on any part of the forefoot and in particular preventing plantar flexion of the ankle.

Bowel care and Nutrition

Give aperients as per ACC guidelines. Nurse 30 degrees head up tilt of whole bed. NG feed following ACC protocol with pro-kinetics as indicated.

Large abdomen, neck mobility limited

Use a side lying technique.

Hygiene care

Place absorbent pad in groin area before rolling. If soiled before scheduled position change then move patient as described on page six, perform nursing care then return back to prone position.

Mouth care

Perform as access allows. Move endotracheal tube tapes periodically. Consider padding with gelperm. Use yellow soft paraffin on lips.

Head position/padding

Isolated pads for support should not normally be used as they can increase the amount of pressure exerted on a small area increasing the risk of pressure damage. A normal pillow can be used for support in neck mobility allows, otherwise resting on the mattress is acceptable, under an absorbent pad.

Eye care

Check eyelids closed as per care plan. Tape eyes closed with gauze padding underneath in particular the eye face down to mattress/ pillow. Use lubricating drops as required but not routinely.

Cardiac arrest in the prone position

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There is no immediate need to turn the patient supine. Doing so hastily may be hazardous posing a risk to losing the patients airway, indwelling lines/ tubes, delaying defibrillation and the initiation of CPR

The immediate priorities are:

Confirm cardiac arrest

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Commence CPR with a conventional technique just lateral to the patient's left of the thoracic spine. Consider placing two hands under the patient to support the sternum during CPR (See photos below)

↓

Summon senior medical and nursing assistance immediately

↓

Ventilate the lungs with 100% oxygen

↓

Follow standard ALS algorithms -
defibrillation and transcutaneous pacing can be performed prone

↓

- Check:
  - *Endotracheal tube kinking*
  - *Displacement of the endotracheal tube either out of the airway or down a main bronchus*
  - *The patient has not become disconnected from the ventilator*
  - *Intercostal drains that may have become obstructed*

↓

- Senior medical staff at the bedside will make the decision if and when to return supine. This will be performed with as minimal disruption to monitoring and CPR as possible