

Do you think your patient is too unstable to move? E.g. Cardiovascular instability/raised ICP/Difficult intubation

MDT discussion including nurse in charge & senior airway doctor.
Is the patient deemed too unstable to move after senior review?

Nursing Staff Actions:
Continue to reposition your patient & devices 2 hourly.
Reposition patients head at 2 hourly intervals - Left, Right, Middle and document this on the 24 hour chart

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Medical Staff Actions:

- Document clearly on PPM/medical notes the reason why the patient cannot be fully repositioned
- Documentation to include whether limbs and head are safe to be repositioned or not

Nursing Staff Actions:

- Document on SSKIN's variation sheet
- Reposition patients head at 2 hourly intervals - Left, Right, Middle and document this on the 24 hour chart
- If unable to reposition the patients head as per medical advice then slide hands under the head gently and feel for any changes (Please note this will not pick up any early change to the skin such as non blanching redness or deep tissue injury)
- Consider the use of a repose cushions under the head if appropriate.
- Move ET tube Left, Middle, Right - 2 hourly
- Move all devices 2 hourly including NG tubes (checking bridle and NG entry site), Sats probes, ECG wires, Catheters, Drains and any other device
- Feel around edges of neck collars to ensure that they are not causing skin damage
- Check under any head bandages as able
- Reposition patients limbs checking heels and elbows for signs of pressure damage. **Remember Heels up!** "Float heels" using pillows under calves, the knee break on the bed, repose boots or devon heels.

Remember to seek advice from your (nearby units) tissue viability link nurse

Nursing Staff:
Reassess patients condition every 6 hours

Medical Staff:
MDT review every 12 hours

#ThinkAHEAD

