Prone Positioning Procedure: Alert, Nonintubated Patient

Summary: Explain the process for placing an alert, nonintubated patient in the prone position.

A. Patient education
   1. Explain procedure, rationale, and goal duration of therapy to patient and family. The goal will be set by clinician and individualized per patient tolerance.
   2. If patient is minimally tolerant of position, assist patient in setting smaller achievable goals for prone duration. Explain importance of frequent repositioning while in the prone position to prevent skin breakdown and limb neuropathy.
   3. Instruct patient to use call button to notify nurse of pressure-related discomfort or limb numbness while in prone position.

B. Before turning
   1. Assess patient’s vital signs.
   2. Assess whether patient is capable of independent (self) prone positioning or if assisted prone positioning is required.
      i. If patient requires assisted prone positioning, a flat or draw sheet and an additional team member may be necessary.
   3. Obtain extra pillows to use for positioning.
   4. Perform tasks that would be difficult to do while patient is prone (e.g., IV site change, central line change, dressing change, specimen collection).
   5. If patient is spontaneously voiding, encourage patient to void or assist with voiding.
   6. Ensure that all lines, tubes, and drains are secure. Consider emptying drains. If patient has an ileostomy or stoma, place a pad around it to prevent direct pressure.
   7. Reposition lines, tubes, and drains.
      i. Reposition any lines, tubes, and drains located above patient’s neck (e.g., oxygen cannula) up toward head of bed.
      ii. Reposition any lines, tubes, and drains located below patient’s neck down toward foot of bed.
      iii. Remove any monitoring equipment unnecessary for the duration of the turn (e.g., blood pressure cuff). If patient has a urinary catheter, remove the locking device to prevent skin injury.

C. Prone positioning: independent patient (self-proning)
   1. Assist or stand by for initial self-proning and guide patient in achieving a comfortable position with the use of pillows, slight side-lying right and left, or repositioning arms for comfort.
   2. Ensure that tubing, wires, etc. are positioned so that patient may continue to independently position.
      i. ECG leads may remain on the anterior chest if patient is moving independently and keeping pressure off chest. ECG leads may be placed on the posterior chest if they are causing pressure or discomfort (Figure 1).
   3. Instruct patient to use call button to notify nurse if patient returns to supine position or has difficulty repositioning.

D. Prone positioning: assisted

Courtesy of Critical Care Education, Regions Hospital.
1. Position 2 team members on each side of bed. They are to maintain body contact with the bed at all times, serving as side rails to ensure a safe environment.
2. If patient is unable to turn independently, turn patient to one side and slide flat sheet underneath to be pulled under patient to help with positioning.
3. Cross the patient’s leg that is closest to edge of bed over the opposite leg at the ankle.
4. Assist patient in rolling on side. The arm next to the mattress should be tucked next to the body.
5. Continue turning patient all the way over to the prone position. Continue to use new sheet to position patient.
6. The arms may be positioned by the head, aligned with the body, or one up and one down (swimmer crawl position) (Figure 2).
7. Reposition all lines, tubes, and drains. Replace ECG electrodes to the posterior chest wall if ECG monitoring is ordered (mirror image to anterior chest placement) (Figure 1).
8. Place pillows under patient’s shins to raise the ankles off the bed and to maintain the feet in a dorsiflexed position.
9. Place patient in reverse Trendelenburg position (Figure 3).
10. Assist patient to a comfortable position using pillows, without obstruction of airway.
11. Ensure that patient’s abdomen does not create pressure on the diaphragm. Padding at the hips and shoulders with pillows may alleviate compression of the thorax.
12. Reposition patient every 2 hours to prevent pressure injury.

E. Post-turning assessment

1. Reassess clinical status. Within 15 minutes of turning, assess vital signs, oxygenation, ventilation, and tolerance of position.
2. If patient decompensates to worsening respiratory status or cardiac arrest, quickly reposition to supine position.
3. Resume IVs and any other equipment that was removed for the turn.
4. Ensure that tubes and equipment are not under patient or in positions that could cause skin breakdown and/or compression of the device.

F. Return to supine position

1. Explain procedure to patient and family.
2. Prepare all tubes and lines in same manner as before placing in prone position.
3. Repeat turning procedure as described in step C or D.
4. Reassess clinical status. Within 15 minutes of turning, assess vital signs, oxygenation, ventilation, and tolerance of position.
5. Reassess the position and function of all tubes and lines, replacing ECG patches to anterior chest.
6. Reassess skin to evaluate pressure areas, identifying areas for alternate padding needs in patient who is to return to prone position.

Reference
Figure 1. Posterior Placement of ECG Electrodes

Figure 2. Swimmer’s Position

Figure 3. Reverse Trendelenburg Position

Courtesy of Critical Care Education, Regions Hospital.