

Critical Care Prone Checklist

Pre Prone	
Review	Gather
<input type="checkbox"/> Identify team: a physician must always be available to manage any change in status. If inexperienced team, require physician at bedside in addition to 1 RRT, 4 nurses	<input type="checkbox"/> Gather pillows (3 or if doubling 6. If Doubling, 2 pillows in one pillowcase) <input type="checkbox"/> Gel donut from OR (for forehead) <input type="checkbox"/> Soaker pads (2-3)/ blue pad for under face
<input type="checkbox"/> Review indications and contraindications	<input type="checkbox"/> 2 flat sheet, Barrier Cream, Protective Dressings
<input type="checkbox"/> Emergency equipment (clamps/ reintubation supplies)	<input type="checkbox"/> ECG leads
<input type="checkbox"/> Review guideline and emergency procedures	<input type="checkbox"/> Paper tape, eye lubrication, eye pads
Assessment	

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| <input type="checkbox"/> Pre-oxygenate
<input type="checkbox"/> ETT & Oral suction
<input type="checkbox"/> ETT secure with waterproof tape/ ties (Anchor Fast not recommended)
<input type="checkbox"/> Cap off unnecessary lines and tubes (consider extension tubing, bolus doses for prone)
<input type="checkbox"/> Dressings changed
<input type="checkbox"/> Apply posterior electrodes, remove front leads
<input type="checkbox"/> Eyes lubricated, eye patches applied and taped | <input type="checkbox"/> Wash face and apply barrier cream
<input type="checkbox"/> Apply protective dressing to iliac crests, knees
<input type="checkbox"/> Gastric tube secure (not taped to face)
<input type="checkbox"/> Hold feeds (only feed with SB)
<input type="checkbox"/> Chest tube secure and midline
<input type="checkbox"/> Foley secure and midline
<input type="checkbox"/> Ensure adequate analgesia/sedation/ NMB
<input type="checkbox"/> Reposition equipment to allow access to HOB
<input type="checkbox"/> Prepare anticipated medications |
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The Turn
<input type="checkbox"/> MD or RRT at HOB (MD for first prone), Nursing minimum 2 staff at each side of patient. Consider one staff extra to monitor all lines during turn. Subsequent prone/ depron RRT may be at HOB <input type="checkbox"/> Safety Huddle: to communicate plan and outline emergency procedures. IDENTIFY LEADER (HOB) <input type="checkbox"/> Remove or reposition ECG leads, Place soaker pads over patient <input type="checkbox"/> Place SpO2 on limb furthest away from the ventilator <input type="checkbox"/> Tuck arm closest to the ventilator under buttock <input type="checkbox"/> Place 2 pillows on patient (Chest & Iliac Crest) <input type="checkbox"/> Place flat sheet on top of pillows, fold to not cover face, leave enough sheet to cover mattress when patient prone <input type="checkbox"/> Roll top sheet together with bottom sheet (cocoon technique) <input type="checkbox"/> LEADER GUIDES ALL MOVEMENT: Slide patient away from ventilator, pause to check ETT/lines/tubes <input type="checkbox"/> Turn patient to side, facing ventilator, pause to check ETT/lines/tubes <input type="checkbox"/> Slowly complete proning (as per lead) extra caution with ETT/ lines/ tubes <input type="checkbox"/> MD/RRT to support head with turn, head facing vent ensuring ETT accessible and not kinked <input type="checkbox"/> Unfold and pull flat sheet so its flat under the patients head <input type="checkbox"/> Assess lines and tubes for dislodgement, air entry or kinking <input type="checkbox"/> Reattach disconnected lines/cables <input type="checkbox"/> Position arms in modified 'swimmers crawl', face in the direction of the raised arm shoulder dropped and elbow below axilla) and other arm at side, palm facing up. Take care with ROM if paralyzed. <input type="checkbox"/> Ensure pillow is under shin and toes are off the bed <input type="checkbox"/> Place bed in reverse Trendelenburg <input type="checkbox"/> Re-assess ETT cuff pressures and tidal volumes

Critical Care Proning Checklist

Monitoring	
<i>In addition to standard ICU care, the following are done q2h</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Reposition face <ul style="list-style-type: none"> -Ears not kinked -Eyes lubricated well -ETT tapes secure -Pressure points assessed <input type="checkbox"/> Reposition arms <ul style="list-style-type: none"> -Swimmers crawl -Shoulder dropped -Elbow below axilla <input type="checkbox"/> Clear oral / nasal/ ETT secretions <ul style="list-style-type: none"> -Examine knees and toes for skin breakdown -Examine genitals for position/skin breakdown 	<p style="text-align: center;">Technique for Face</p> <ol style="list-style-type: none"> 1. Ensure ETT secure prior to reposition 2. Gather staff 3 (RT & RN at HOB) 3. Place arms at side of body 4. Use Method 1 or 2 to reposition face (see Guideline) 5. RRT to move face to other side <p style="text-align: center;">Technique for Arms</p> <ol style="list-style-type: none"> 1. Once facial repositioning done, arms should be repositioned 2. Raise opposite arm. Face is in the direction of the raised arm, other arm at side of body, palm up
Return to Supine	
<ul style="list-style-type: none"> <input type="checkbox"/> Safety Huddle <input type="checkbox"/> MD at HOB, RRT at ventilator for assistance with airway management. May be just RRT if not 1st deproner <input type="checkbox"/> Nursing at each side of patient <input type="checkbox"/> Each move must be done solely on the direction of the lead to ensure synchronous movement <input type="checkbox"/> Reposition first so head facing the ventilator <input type="checkbox"/> Place SpO2 on limb closest to the ventilator <input type="checkbox"/> Tuck the arm furthest away from the vent under the patient's thigh <input type="checkbox"/> Place 2 soaker pads across patient covering posterior <input type="checkbox"/> Place flat sheet from head to toe (do not cover head) <input type="checkbox"/> Roll top sheet together with bottom sheet (cocoon) <input type="checkbox"/> MD/ RRT to communicate plan for turn to team <ol style="list-style-type: none"> 1. Slide patient toward ventilator Pause to check ETT/lines/tubes 2. Turn patient to side, facing ventilator Pause to check ETT/lines/tubes 3. Slowly complete turn supine - extra caution with ETT/lines/tubes 4. Position flat sheet so it is flat under the patient 5. Remove posterior ECG leads and apply chest leads (DO NOT leave leads on back) 6. Elevate HOB 	
WHAT TO DO IN THE EVENT OF CARDIAC ARREST	
<p><u>CPR</u></p> <ol style="list-style-type: none"> 1. Immediately initiate CPR on posterior of patient <ol style="list-style-type: none"> a. Place one hand under patient to landmark sternum b. Place other hand on the spine and start CPR (hard & fast) 2. Call for help and as soon as possible place hard board or deflate bed (specialty bed only) 3. Continuous EtCO2 to monitor CPR quality and ETT placement (should be >10mmHg) 4. Return patient supine * If CPR is not effective (as per EtCO2) * When the team is prepared to safely reposition <p>Defib</p> <p>Place pads in an anterior and posterior placement (anterior can be applied with hard board placement)</p> <p>Defibrillate as per ACLS guidelines</p>	