



Manual Prone Positioning Guide

Supplies You Will Need:

- Ensure “bite block” endotracheal tube holder is applied
- Ensure post pyloric feeding tube at UPMC sites where available. Place NGT where unavailable.
- Eye lubrication-ointment
- 5-6+ pillows (chest, side/s, below knees)
- Circular foam cushion (“donut”)
- 8+ foam dressings (face beneath bite block, iliac crests, knees, feet, abdomen, between tubes/drains/lines and patient’s skin if appropriate)
- Extension tubing if appropriate
- 2 packs electrodes
- Barrier cream (applied to face)
- Skin prep spray
- 2 Bath blankets

The following steps are recommendations on how to manually place the patient in the prone position:

- Gather supplies needed to prone.
- Ensure patient is sedated to RIKER 1.
- Ensure that a bath blanket is underneath patient.
- Ensure all lines and extensions are in place and secure.
- Once all personnel are at the bedside, patient is ready to be prone.
- The respiratory therapist is at the head of the bed.
- 2-3 staff are stationed on each side of patient's chest, abdomen, and legs.
- The bedside nurse will lead and direct.
 - On the count of "1, 2, 3...", the patient is shifted towards the edge of the bed, using the bath blanket. This is the opposite side of the bed chosen for the direction of rotation. (Opposite the ventilator.)
 - The side of the ventilator is the side to be turned to first. Lines should lay over patient.
 - Patient is turned on his side, toward direction of rotation, while extremities are tucked close to the body.



- At this time, the EKG leads and electrodes are removed from the anterior and applied to the posterior side.
- The bath blanket beneath the patient is tucked underneath, while a second bath blanket and incontinence pad are tucked. This will be beneath the patient in the prone position and will assist in shifting the patient to the center of the bed and in the prone position in one movement.
- Pillows should also be placed beneath bilateral lower extremities, extending from the knees to the feet, as to ensure heels are not touching.
- Ensure that the patient is not laying on any tubes and lines.
- Obtain an ABG 1 hour after the patient is prone.

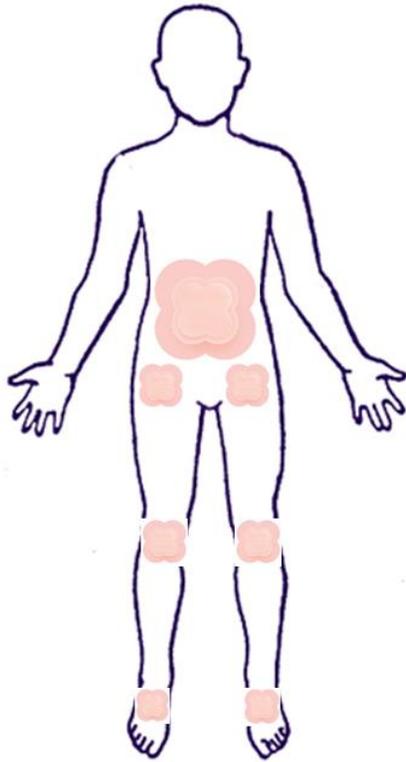
Points to Remember:

- Turn and reposition head and body every 2 hours
- Assess skin for breakdown every 2 hours
- Bed in reverse Trendelenburg position
- Arm extension not > 90°
- Avoid pressure points on head (ears)
- Mouth care per policy
- Eye lubrication with ointment
- Tape eyes shut

Foam Placement for Head Harness:



Foam Placement on body:



- Foam dressings should be applied to any **bony prominence** that has contact with the mattress. This includes the **iliac crests, knees, and dorsal surface of feet.**
- A large foam should be placed on the **medial abdomen** to prevent sheering and alleviate pressure.
- Additional foam dressings should be applied to areas that may be vulnerable to skin breakdown: beneath **tubes, drains, or lines.**

Pillow Placement and Positioning:

- *beneath the **chest and pelvis** to ensure a neutral spine position (pay attention to cervical and lumbar regions)
- *beneath both **iliac crests** (especially for male patients)
- *beneath the **lower legs** will be used to alleviate pressure to the toes.
- *beneath the patient in order to achieve a turn every 2 hours





*The head and arms should alternate in position with each 2 hour turn.

*The arm and elbow that is in an upward position should not be placed superior to the shoulder to prevent brachial plexus injury.

*The bed should be placed in a reverse Trendelenburg position for optimal respiratory ventilation.

It is recommended that the patient receive prone therapy on a pressure redistribution mattress to optimize skin prevention.



Proning video available on UPMC Infonet

<https://infonet.upmc.com/search/Pages/results.aspx?k=manual%20prone%20positioning%20in%20ARDS#video-modal-player>

- Click on link
- Scroll to the bottom of the Infonet page
- Click on video to play