

Standard Work

SITE: ICU	EFFECTIVE DATE: 05/02/2017
SUBJECT: Prone Positioning	REVISION DATE:
DOCUMENT NUMBER:	LOCATION OF TEMPLATE:
AUTHORIZED BY:	DATE:
SOP OWNER: April Miller	

PURPOSE: Guidelines for turning a critically ill patient into the prone position

SCOPE: ICU Staff

ASSOCIATED DOCUMENTS & PROCEDURES: EPM – Patient Positioning: Supine or Prone

DEFINITIONS:

PROCEDURE: Prone Positioning

	Process Steps	Task Time	What It Looks Like
1	Assess for contraindications: facial or pelvic fractures, burns or open wounds on the ventral body surface, conditions associated with spinal instability (eg, rheumatoid arthritis, trauma), conditions associated with increased intracranial pressure, life threatening arrhythmias.	2 min	
2	Obtain necessary positioning devices. 2 flat sheets, 3 pillows, and face positioning device (if available).	3 min	
3	Disconnect all non-essential monitoring equipment and IV lines. Ensure those remaining have the length and flexibility to accommodate turning the patient prone. Reinforce central line dressing as needed.	5 min	
4	Disconnect enteral feeding and aspirate NG contents. Clamp NG/OG tube.	2 min	 

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Process Steps		Task Time	What It Looks Like
5	Place HOB flat; lower all side rails; adjust bed height appropriately for team.	1 min	
6	Ensure ETT is adequately secure and perform EET and oro-pharyngeal suctioning. Perform oral care.	2 min	
7	Assess need for sedation, analgesics, and paralytics; administer as ordered.	3 min	
8	Position one person at HOB and two people on either side of the bed.	1 min	
9	Insert a large flat sheet under the bottom draw sheet and position patient's arms close to their sides with palms facing thighs.	2 min	

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Process Steps		Task Time	What It Looks Like
1 0	Remove EKG stickers from patient's chest. Remove patient's gown.	1 min	
1 1	Position pillows: a. Across the patient's chest b. Across the patient's pelvic area c. Across the patient's knees	1 min	
1 2	Pull flat bottom sheet straight and taut. Then place the second flat sheet over the top of the patient, matching all four corners.	1 min	
1 3	Uncover the patient's head and face. All personnel on either side of the bed then roll the long edges of both (top and bottom) sheets tightly together.	2 min	

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Process Steps	Task Time	What It Looks Like
1 4 Once the person responsible for the head and airway is satisfied with the patient's safety, slide the cocooned patient across the bed AWAY from the ventilator to as close to the opposite edge of the bed as possible. The patient is supported by the personnel on the opposite side of the bed to the ventilator. All personnel should maintain a TIGHT grip on the rolled sheets.	1 min	
1 5 Turn the patient to a lateral position, maintaining sheet integrity and security, TOWARDS the ventilator and then lower into the prone position, onto the original top sheet and arranged pillows. This should be performed slowly allowing personnel on either side of the bed to swap over supporting hands. Person responsible for head and airway positions head facing ventilator.	1 min	
1 6 All personnel, on the count of the person responsible for the patient's head and airway, slide the patient into a more central position of the bed.	1 min	

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Process Steps		Task Time	What It Looks Like
1 7	Unroll top and bottom sheets. Remove sheet from patient's back. Replace EKG stickers on the patient's back. Reconnect other IV lines and monitoring devices. Drape a gown over the patient's back.	5 min	
1 8	Maintain the patient in the swimmer position, ensuring that the arms are alternated. The shoulder of the prominent arm should be positioned at 80° abduction and the elbow at 90°. Placing a rolled pillowcase in the palm of the prominent hand.	2 min	
1 9	Alternate swimmers position every 2-4 hours, supporting upper arm between shoulder and elbow and lower arm between elbow and wrist. Avoid pulling on the patient's wrist. Modify the prone position ¾ facing right and left with pillows supporting the side to be lifted. Coordinate with Mobility Tech for regular passive movement exercise within the normal range.	2 min	

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Process Steps	Task Time	What It Looks Like
20 Place patient's face in the ProneView face positioner (if available).	2 min	
2 1 Once in the prone position, place bed in the reverse Trendelenburg position (30-40°)	1 min	
2 2 Perform oral and tracheal suctioning immediately following the procedure.	3 min	
2 3 Maintain eye care.	2 min	
2 4 Resume enteral feeding as ordered.	2 min	



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	Process Steps	Task Time	What It Looks Like
2 5	Observe patients O2 saturation levels. Consider ABGs 20 minutes following prone positioning. Looking for at least a 20% increase in the PaO2.		