

Post Proning Nursing Checklist

Area	Check Point	Checked -- Initial--
Head/Face	Check ETT/tracheostomy is accessible/not kinked (ETT cm at teeth	
	All connections between ETT and ventilator circuit secure	
	Note ETT/tracheostomy cuff pressure	
	ETT positioned in middle of mouth, not compressing lips	
	Dermal gel pads placed between ETT cotton ties and patient's skin	
	Confirm ears are not bent over	
	Perform ETT/tracheal suctioning immediately post proning	
	Eyes taped shut	
	No direct pressure on the eyes	
	Ensure 30° foot down positioning (Reverse Trendelenburg)	
	Move patient's head from side to side 2 hourly to relieve pressure	
	NG tube secure and not displaced (cm at nose=.....)	
NG tube not causing pressure to nostril		
Neck	Verify that patient's lower back and neck are not hyper-extended	
	Front of neck free from compression	
	Central line secure	
Chest	Chest drains patent and on correct suction	
	Breasts supported and free from pressure	
Abdomen	Abdomen free	
Pelvis	Pelvis support cushion in place	
	Male genitalia positioned between legs	
	Catheter tubing is free and between legs	
Arms	Placed by side of patient	
	Shoulders not rotated	
	No compression over elbows	
	Wrists in neutral position	
	Hands free	
	Alternate Swimmers Position 2-4 hourly	
Legs	No peripheral IV lines under patient	
	Pillows positioned under shins to prevent extension	
Infusions/Monitoring	All monitoring recommenced	
	All infusions connected and infusing	
	Check CRRT lines patent	
	ECG leads not underneath patient	
	Ensure patient is well sedated and pain free	
	Infusion lines not resting on patient's skin	
	Mattress is in dynamic mode	
Check ABG 20-30 mins post prone positioning		

Changing patients position:

Personnel: Minimum of three people required: an anaesthetist at head of bed to manage airway when changing head position and one person either side of the bed.

Bring the elevated arm to the patient's side; keeping the elbow at 90° and the palm facing the bed, bring the upper arm down so that it is alongside the chest. Turn the upper arm away from the body towards the legs so that the palm faces upwards at the same time as straightening the elbow. Rest the arm straight alongside the body.

Change the head position; with both arms now straight and alongside the patient's body, slide the patient up the bed so that the head is clear of the mattress. With the help of the other two staff, the anaesthetist can gently hold the head and ventilator tubing in order to turn the head to the other side. Adjust the head supporting aids accordingly. Slide the patient back down the bed so the head, is once again supported by the mattress. The method of changing the head position may vary and should be assessed on an individual patient basis.

Elevate the other arm; ensure that the palm of the hand that is to be moved is facing downwards into the bed. Keeping the upper arm against the chest wall, gently slide the hand upwards until there is 90° bend at the elbow. Maintaining the 90° bend and downward palm, gently slide the hand upwards until 80° abduction is achieved.