

RDH COVID-19 PRONING/DE-PRONING DOCUMENTATION

BEFORE PRONE/DE-PRONE

	Check patient identity		
A + B	Pre-oxygenate 100% O2		
	Ventilator SIMV 6ml/kg, PEEP 10		
	Check ETT position (no anchorfast)		
	Ensure tight circuit connections		
	Capnography trace present?		
	Intubation equipment/drugs ready		
	Chest drains below patient + clamped (if safe)		
C	Non-essential infusions removed		
	Check length of remaining lines		
	Remove ECG dots		
D	Ensure adequate sedation (RASS -5) and paralysed		
E	Stop NG feed and aspirate		
	Team in height order, 2-3 per side		
	Flatten bed, raise height for staff		
	Concerns discussed?		

Grade Laryngoscopy	
Length ETT at teeth	
Length NGT at nostril	

Tuck in hands, place pillows, roll sheets tightly

TIME OUT

Check cardiovascular stability		
Slide sheet in place (if not, place before manoeuvre)		
Pillows positioned correctly (chest, pelvis, knees)		

<i>Pre-prone PaO2/FiO2</i>	
<i>Proning date and time</i>	
<i>Signature of person completing form for proning</i>	
<i>End-prone PaO2/FiO2</i>	
<i>De-proning date and time</i>	
<i>Signature of person completing form for de-proning</i>	
FOR ICU DR ONLY:	
<i>Responsive to proning?</i>	

SIGN OUT

A + B	ETT position confirmed		
	Capnography trace present		
	Ventilator settings reviewed		
	Chest drains below pt + unclamped		
C	Replace ECG dots		
	Ensure cardiovascular stability		
	Lines secured		
D	Pressure areas checked: <i>ETT not pressing on lips</i>		
	<i>No pressure on eyes</i>		
	<i>Ears not bent over</i>		
	<i>NGT not pressed against nose</i>		
	<i>Penis between legs, catheter secured</i>		
	<i>Lines/tubing not pressing against skin</i>		
E	NGT position confirmed		
	Proned - Reverse trendelenburg 30° De-proned - Sitting up		

Patient Sticker: