

Supine to Prone Manoeuvre

Patients should be rolled towards the ventilator, ideally away from any central venous devices. Use PPE as recommended for Aerosol Generating Procedures (pictures do not include this).

IF THERE ARE ANY COMPLICATIONS DURING MANOEUVRE, RETURN TO SUPINE POSITION

Step 1 Staffing



- 1) Minimum of 5 people including airway doctor. Team members to introduce themselves and state their role.**

Airway doctor positioned at head end and responsible for coordinating procedure.
At least two other people either side of the patient, but more may be required depending on patient size.
Additional staff allocated to the management of chest drains/ECMO cannulas if in situ.

Step 2 Positioning



- 2) Patient should be laid flat with the bed in a neutral position, on a clean sheet with a slide sheet beneath.**

Arm closest to the ventilator is tucked underneath the buttock with the palm facing anteriorly (See diagram).
Anterior ECG electrodes removed.
Pillows if required, can be placed over the chest, iliac crests and knees. They should be placed strategically, according to the patient's body habitus to reduce the pressure placed upon the abdomen.

Step 3 Wrapping



- 3) A clean bed sheet should be placed on top of the patient leaving only the head and neck exposed.**

The edges from the top and bottom bed sheets are rolled tightly together thereby encasing the patient between the two and keeping the pillows in the correct position on top of the patient.

Step 4 Horizontal Move, Step 5 Lateral Turn, Step 6 Prone



- 4) Keeping the bed sheets pulled taut and the edges rolled tight, the patient should be moved horizontally to lie on the edge of the bed.**

The direction of the horizontal move should be away from the ventilator in the opposite direction to which the patient will be turned

- 5) On the call of the person at the head end, whilst maintaining a tight grip on the rolled up sheets the patient is rotated 90° to lie on their side.**

Staff on either side should then adjust their hand positions on the rolled up sheets, so that they now have hold of the opposite edge when compared to the horizontal move

- 6) On the call of the person at the head end, the rolled up sheet is pulled up from beneath the patient whilst the patient is carefully turned into the prone position.**

Carefully support the head and neck and turn the head to face the ventilator as the patient is moved from the lateral to prone position.

Ensure the ETT is not kinked and that a CO2 trace is still present on the capnograph. Note the length of the ETT at the lips and review ventilator settings. Reattach the ECG electrodes and ensure all monitoring is re-established.

Step 7. Positioning Step 8 Pressure Care



- 7) Ensure the patient is in the centre of the bed, remove the slide sheet, Absorbent pad placed under patients head to catch secretions.** Carefully position the arms in the 'swimmers position'. Raise one arm on the same side to which the head is facing whilst placing the other arm by the patients side. The shoulder should be abducted to 80° and the elbow flexed 90° on the raised arm. The position of both the head and arms should be alternated every two to four hours. The patient should be nursed at 30° in the reverse trendelenburg position.

- 8) Ensure optimal positioning of pillows tailored to the patient's body habitus.**

Pressure areas should be meticulously checked No direct pressure on the eyes.
Ears not bent over.
ETT not pressed against the corner of the mouth / lips.
Nasogastric tube not pressed against nostril.
Penis hanging between the legs with the catheter secured.
Lines / tubing not pressed against the skin.