

Turning an ICU Patient Prone

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February 2019	February 2021	V1

Purpose

To describe the process to safely turn a critically ill patient from supine into the prone position and vice a versa. Promoting safe practice in moving and handling techniques, reducing the risk of musculoskeletal injury to staff, enabling patients to be moved safely. This is to be used in conjunction with the moving and Handling people and objects policy.

Who Should Read this Document?

All Critical Care staff

Key Messages

Turning critically ill patients prone/supine is a high risk procedure both for the patient and the staff involved. This SOP describes the preferred manual handling method to turn ICU patients prone/supine.

Core Accountabilities

Owner	Sarah Fishwick
Review	Critical Care Protocol Group
Ratification	Director of Corporate Business
Dissemination	All ICU Staff
Compliance	Moving and Handling Lead

Links to Other Policies And Procedures

(R02) Prone Positioning Guideline in Intensive Care
 (R26) Proning Checklist
 Moving and Handling People and Objects Policy;
 Plus Size Moving and Handling Safe Operating Procedure;

Version History

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
 Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

Turning an ICU Patient Prone

2. Introduction

Patients in Acute Respiratory Distress Syndrome (ARDS) with acute hypoxaemia have been shown to have improved outcome with the use of prone positioning (PROSEVA 2013). Turning critically ill patients prone/supine is a high risk procedure both for the patient and the staff involved. This SOP describes the preferred manual handling method to turn ICU patients prone/supine.

3. Definitions

Prone position refers to the delivery of mechanical ventilation with the patient lying in the prone position i.e. the patient is lying on their stomach.

4. Background

The PROSEVA trial had success with patients who had ARDS (American-European Consensus Criteria), P/F ratio <20 kPa, FiO₂ ≥ 0.6 and PEEP ≥ 5 cms /H₂O. The decision to turn the patient prone or to return the patient supine will normally be made by the duty ICU consultant.

5. Aim

To safely turn a critical ill patient from supine into the prone position.

6. Handlers Criteria

Minimum of 5 handlers.

Senior ICU nurse with experience of proning with this technique must be present. Person experienced in advanced airway management. This person will be responsible for the patient's head and endotracheal tube and for coordinating the turn.

Position two/three handlers each side of patient (dependent on size of patient based on risk assessment).

7. Equipment

Large sliding sheet, clean sheet and (R26) Proning Checklist.

8. Manual Handling Procedure to Turn Prone

Complete Team Brief (plan procedure, safety checks and establish team leader/airway) and use (R26) Proning Checklist.

Place large sliding sheet under bed sheet with opening at top and bottom. Tuck patient's hands under their bottom



Figure 1

Figure 2
Place a clean sheet with top folded back approximately 45cm on top of patient. Keep face uncovered

If using pillows (discuss with duty consultant) place pillows between patient and top sheet

Aim to turn the patient keeping the ET tube upper most



Figure 2

Figure 3
Tightly roll sheet edges together from patient's shoulders to feet. This will form a pasty like crimp.
Tuck the crimp that will pass underneath the patient in underneath the patient
To enable a suitable bed height, smaller handlers should control the pelvis.



Figure 3

Figure 4

The two handlers adopting body weight transfer should reach across patient and grasp the rolled sheet securely at shoulder and pelvis level and prepare own stance to ensure that lunge position is adopted, in order to transfer body weight from front to back leg to provide effective power for movement.

Ensure that the handling sheet is not caught between the handlers and the bed

The two handlers opposite should grasp the sliding sheet close to the patient's body at shoulder and pelvis level, and adopt lunge position as previously mentioned.



Figure 4

Figure 5

On command: "Ready, Steady, Turn" the two handlers holding the crimp of the pasty should transfer body weight backwards rolling the patient towards themselves to side lying.

At the same time the opposite handlers should transfer body weight, to pull on the side sheet to facilitate the turn to side lying.

All handlers re-evaluate their posture at this stage of procedure, allowing the handler at the top to alter hand position if required



Figure 5

Figure 6

On command: "Ready, Steady, Turn" the two handlers holding the crimp should guide the patient into prone position.

At the same time the opposite handlers should gently pull on the slide sheet to facilitate the turn to prone.



Figure 6

The folded 45 cm of the now bottom sheet can be pulled up under the

patients head.

Figure 7

The patient should be positioned with head of bed tilted >15 degrees to reduce facial swelling, the arms in swimmers position. Patient's head can face either direction, commonly facing towards raised arm "Sniffing the armpit". A pillow is placed under the shins to reduce pressure on the dorsum of the foot.



Figure 7

9. Manual Handling Procedure to Return to Supine

The same procedure in reverse is used to return the patient to supine position. Complete Team Brief (plan procedure, safety checks and establish team leader/airway) and use (R26) Proning Checklist.





10. Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Critical Care Protocol Group and ratified by the Clinical Director of ICU as well as the Hospitals Moving and Handling Lead.

Non-significant amendments to this document may be made, under delegated authority from the Clinical Director of ICU, by the nominated author. These must be ratified by the Clinical Director of ICU and should be reported, retrospectively, to the Critical Care Protocol Group.

Significant reviews and revisions to this document will include a consultation with the Trust Moving and Handling Lead, Critical Care manual handling keyworkers and the Critical Care Protocol Group. For non-significant amendments, informal consultation will be restricted to the Trust Moving and Handling Lead, Critical Care manual handling keyworkers and the Clinical Director of ICU.

11. Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

12. Training and Education

This SOP will be taught and practiced during the Critical Care mandatory manual handling training.

13. Monitoring and Assurance

Monitoring and assurance will take place via the weekly review of clinical incidents reported on the electronic Incident reporting system (Datix). Ad hoc audit will take place when the Critical Care manual handling Keyworkers assist with this procedure. Feedback will be obtained from ICU staff during mandatory manual handling training. Any shortfalls or problems will be addressed by the Critical Care manual handling keyworkers, Critical Care Education Team, Ward Managers and Clinical Director for ICU.

14. Reference Material

Guerin C et al. The PROSEVA study Group. (2013) Prone Positioning in Severe Acute Respiratory Distress Syndrome. *New England Journal of Medicine*; 368: 2159-2168.

Beitler, JR., Shaefi, S., Montesi, S.B. et al (2014) 'Prone positioning reduces mortality from acute respiratory distress syndrome in the low tidal volume era: A meta-analysis'. *Intensive Care Medicine*. 2014 Mar; 40 (3):332-41. Doi: 10.1007/s00134-013-3194-3.

(R02) Prone Positioning Guideline in Intensive care

(R26) Proning Checklist.