

How to prone a patient using a Total Patient Lift



Prior to proning patient:

1. Check facility guidelines for staffing ratios and proning protocols.
2. **Always** have trained staff member at the head of bed to maintain airway safety if intubated.
3. Position one caregiver on each side of bed.
4. Turn patient towards ventilator, if intubated.

Obtain provider order and check for contraindications.

Prepare proning equipment:

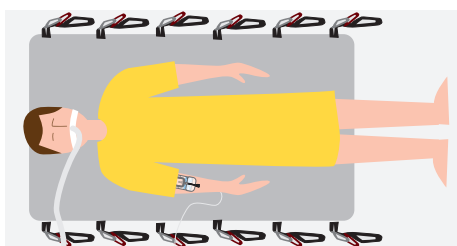
1. Total patient lift
2. Repositioning sling
3. Tube slider/slide sheet
4. Proning pillows/offloading devices

Details on back.

Clinical pearl:

When prone, check patient periodically, per facility policy.

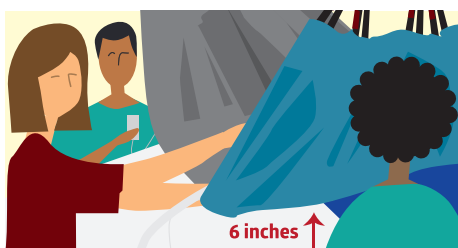
- Ensure ET tube and positioning pillows are in optimal position.
- Pad pressure areas and ensure there is NO direct pressure on eyes.



1 Center patient on loop style repositioning sling.



2 Using patient lift, position sling loops on cradle starting at head. Attach same color loops on each side of cradle.



3 Raise patient 6" off bed, place slide sheet under patient to facilitate easier repositioning.



4 Use lift to move patient towards edge of bed. Always position caregivers on both sides of bed. Caregiver closest to patient must maintain body contact at all times.



5 Lower patient onto bed. Only remove loops facing center of bed.



6 Slowly raise lift until patient starts to turn. While patient is in side-lying position check all lines and maintain airway. Patient's arms are parallel to body. If applicable, remove EKG leads and apply to patient's back.



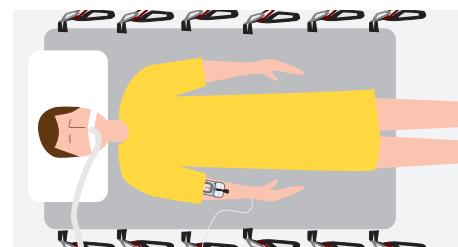
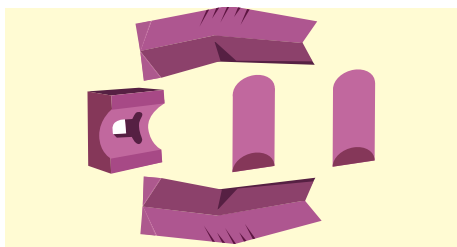
7 Continue raising lift until patient is in prone position. Caregivers on both sides assist controlling descent.



8 Use slide sheet to reposition patient as needed, then place sling back under patient.



9 Place offloading devices and maintain good spinal alignment. Remove all other devices not designed to remain under patient.



10 Reverse process to return patient to a supine position.

Safety Considerations

Proning a patient, while not considered an invasive procedure, is complex and has potential complications. The same standard of care should be used as when performing other critical care tasks.

Prior to proning:

- Trace all tubing to the point of origin
- Secure lines
- Pad bony anterior prominences

Contraindications to proning:

- Spinal instability
- Post open chest procedures
- Central cannulation for ECMO
- Head cannot be supported in face-down position

Not all patients respond favorably when proned. Continually monitor patient's response.

Patient Proning Product Options

Item No.	Product Name	Description	Pkg
MDSC40018	Medline 2-in-1 Comfort Glide Sling and Sheet	2-in-1 disposable repositioning sling and slide sheet, 1000-lb. weight capacity, 48" x 72"	12 ea/cs
MDSMEDSLIDE	Medline MedSlider Disposable Transfer Sheet	Disposable tube-style transfer sheet, 33" x 39"	60 ea/cs
NON081344	Medline Disposable Prone Positioning Foam Arm Cradles	Flex to accommodate a variety of angles for best positioning practice, 3" x 5" x 24"	24 ea/cs
NON081246	Medline Disposable Foam Bolster Positioners	Flat bottom provides stable elevation, 7" x 18"	12 ea/cs
NON081143	Medline Disposable Foam Slotted Head Positioners	Easily accommodates an endotracheal tube; for use in prone or supine position, 8.5" x 8" x 4"	24 ea/cs

**For questions, contact Barb Pusateri
at BPusateri@Medline.com.**



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Three Lakes Drive, Northfield, IL 60093
Medline United States | 1-800-MEDLINE (633-5463)
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References:

1. Aubron, C., Brochard, L., Chiche, J., Combes, A., Dreyfuss, D., Faure, H., ... Veillard-Baron, A. (2019). Formal Guidelines: Management of Acute Respiratory Distress Syndrome. *Annals of Intensive Care*, 9(69), 1-18. doi:10.1186/s13613-019-0540-9 2. Arias, C., Pokharel, B., Papathanassoglou, E., & Norris, C. Prone Positioning for the Treatment of Adult Respiratory Distress Syndrome. *The World of Critical Care Nursing*, 11(3), 49-54. 3. Bein, T., Bischoff, M., Brückner, U., Gebhardt, K., Henzler, D., Hermes, C., Lewandowski, K., Max, M., Nothacker, M., Staudinger, T., Tryba, M., Weber-Carstens, S., & Wrigge, H. (2015). S2e Guideline: Positioning and Early Mobilization in Prophylaxis or Therapy of Pulmonary Disorders. *Der Anesthetist*, (64)1, 1-26. <https://doi.org/10.1007/s00101-015-0071-1>. 4. Brown, R., and Piehl, S. (1976) Use of extreme position changes in acute respiratory failure. *Critical Care Medicine*, (4)13-14. 5. Dickenson, S., & Vollman, K. (2019). Why prone? Why now? Improving outcomes for ADRS Patients. *Critical Care Nurse*, 39(5), 84. doi:<http://doi.org/10.4037/ajcc2019878>. 6. Faculty of Intensive Care Medicine. (2019). Guidance for: Prone Positioning in Adult Critical Care. (2019). Intensive Care Society, 1-40. 7. Lippicott Procedures (2019) Prone Positioning retrieved from <https://procedures.lww.com/Inp/view.do?pld=4046297&hits=prone.proning&a=true&ad=false>

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