Proning Therapy Toolkit

GUIDELINES AND STEP BY STEP INSTRUCTIONS ON
PRONE THERAPY FOR
UNCONSCIOUS AND CONSCIOUS PATIENTS

Critical Care Council
Evidence-Based Council
Rehabilitation Service Line
Workforce Safety

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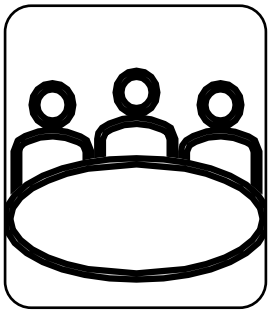
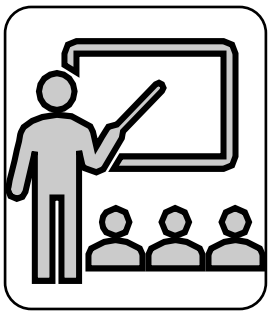
ATTENTION



CONSULTATION

- Please consult with hospital integumentary and pressure injury experts on a case by case basis to ensure a safe plan of care.



EDUCATION

- Ensure **ALL** appropriate team members have completed necessary training and feel comfortable about assisitng with the proning process

PPE

- Don appropriate personal protective equipment (PPE) based on the patient's signs and symptoms and indications for isolation precautions.

Research Review:
Prone Position Effect on ARDS Lung Function

ARDS in supine lung:

- Compression of dorsal lung regions
- Decreased regional lung ventilation.
- Increased pleural pressure gradient (ventral-dorsal)

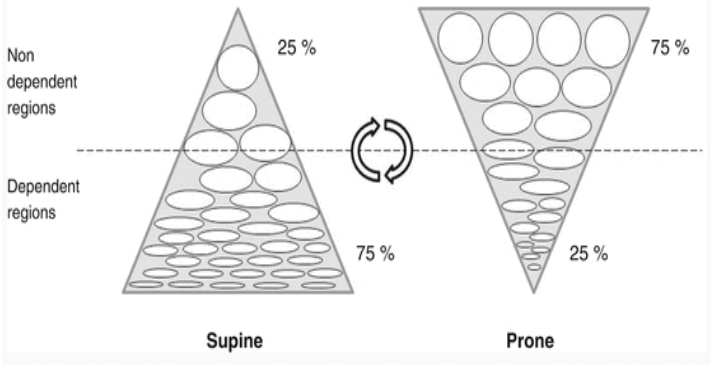


Image 1
https://link.springer.com/chapter/10.1007/978-3-319-18066-3_1#citeas

Prone positioning effects:

- No significant change in perfusion of lung
- Gravity assists lung morphology to match the shape of the chest cavity more closely.
- Decompression of dorsal segments increases potential for lung recruitment (improved V/Q matching)
  Dependent/compressed region of lung switches to ventral region which has relatively fewer alveoli

Absolute Contraindications:

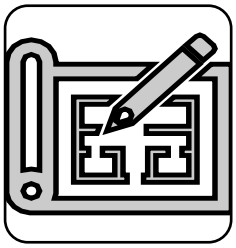
- Open abdominal
- Unstable Spinal Fracture

Precautions:

- Cardiovascular instability
- Head injury with increased ICP
- Facial injury
- Pelvic fracture
- Ascites or morbid obesity
- Pregnancy 2nd or 3rd trimester
- Intra-aortic balloon pump (IABP)
- Frequent seizures
- Tracheotomy < 24hrs
- Difficult airway
- Patient mentation/cooperation
- Dementia/AMS

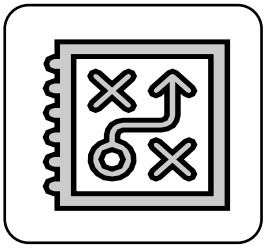
Steps for Prone Therapy

PREPARE



- Consider benefits and risks of prone positioning with multidisciplinary team
- Gather and organize all potentially necessary equipment
- Ensure appropriate staff members available, **at least**:
  - 2 people on each side of the bed, 1 at head of bed (MD, NP, PA)
- Position the bed, secure lines and tubes.
- Prepare ETT by changing the traditional ETT holder for tape to prevent pressure points
- Prepare and tape eyes
- Hygiene and skin check schedules

PLAN

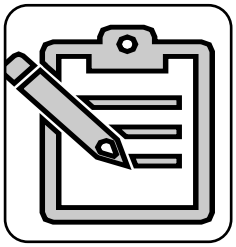


- Decision for turning direction should be made as an interdisciplinary team with consideration of all lines and tubes.
- Pay special attention to **Central Line, A-Line, VV/VA-ECMO (needs perfusion at the bedside), ET tube, CVVHD etc.**
  - Communicate movement strategy to team
  - Designate team member(s) to maintain optimal length of lines and tubes during transfer (usually RN)
  - Person at head of patient leads mobility task (RT, MD, DO, PA, NP)

EXECUTE

- Utilize bed controls appropriately:
  - Adjust bed height to hip level of shortest team member, max inflate mattress, turn assist features as appropriate
- Utilize SPHM Equipment and aids whenever possible (slide sheets, repositioning sheets, air assisted technology, bed sheets)
- Maintain safe body mechanics and ergonomic principles throughout (wide base of support, mini-squat position, spine neutral)
- Slide patient away from direction of roll to create space for position change
- Position pillows, blanket/towel rolls appropriately
- Line management during transfer

MONITOR



- Position and monitor for pressure injury (reposition per hospital guidelines)
  - No direct pressure to the eyes, ears
  - NG tube not pressing against nostril
  - ET tube not pressing against side of mouth or lips
- Lines not kinked or directly underneath skin
- Penis positioned freely between the legs
- Reconnect ECG and other monitoring
- Resume paused infusions
- Ensure all lines are intact and not kinked

Above positioning guidelines based on "Guidance For: Prone Positioning in Adult Critical Care" – Intensive Care Society

Supplies Needed

PRONE TO PROTECT

Items needed for Proning:

- Proning Kit
  - ✓ ETT Adhesive tape
  - ✓ Full set of silicone dressings with diagram of body placement (Refer to Appendix A)
  - ✓ Eye lubricant ointment (included in kit, but patient. must have order)
  - ✓ EKG leads
  - ✓ Slide sheet/appropriate safe patient handling equipment, soft goods (Refer to SPHM Equipment Algorithm: Page 9)
  - ✓ Stat lock
  - ✓ Mouth care
- 3 Pillows
- 2 Flat Sheets
- 1 Fitted Sheet (if changing bed)
- 2 Purple Pads
- Pair of Z-Float Boots (lower extremity elevation)
- Bowel Management System (External fecal pouch or barrier ointment)
- Square Shaped Cushion with Cut to Accommodate the Endotracheal Tube (Refer to Eye Protection Guidelines: Page: 7-8)
- Foam Positioning Bolster (Refer to Eye Protection Guidelines: Page: 7-8)
- Proning Therapy Checklist (Refer to Appendix B)

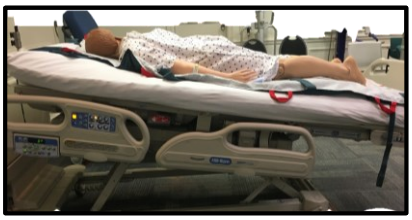
Eye Protection Guidelines

1. Place the patient's head in the facedown position on the **square face cushion**. Be sure to align the eyes and the nose with T-shaped cut out in the cushion. Place the endotracheal tube in the horizontal groove in the cushion (cushion can be cut to accommodate the endotracheal tube on the other side). Care should be taken not to dislodge the endotracheal tube.

2. Place the **foam positioning bolster**- This should be done with careful attention paid to the neck region which should remain in the neutral position Too much extension should be avoided. This should be placed under the anterior chest but not crushing breast tissue.

   **Note: If the cushions are unable to be used and the patient's head is going to be positioned to the side on a pillow, please make sure that the pillow is positioned so that there is no pressure being placed on the eye.

3. Place the **bed in the reverse Trendelenburg position** with the head at a 10-15-degree incline.



4. **Perform eye checks** (push foam cushion down on the lateral aspects of the eye) to ensure that they are in the proper position when performing skin checks Q shift.

5. **Apply ophthalmic ointment** (i.e. lacrilube) to each eye Q6 hour and tape the lids shut as per ICU protocol.

Eye Protection Guidelines CONTINUED....

Other factors that need to be monitored to prevent ophthalmic sequelae include:

Anemia	Systemic Hypotension	Fluid Status
➢ **Low hemoglobin levels**: Hemoglobin levels below 7 g/dL should be avoided while prone if possible	➢ MAP of 65mmHg should be the target to avoid **retinal ischemia**	➢ Fluid overload will lead to **ophthalmic edema** as well

***References available on page 29.*

PLEASE REFER TO VIDEO FOR CUSHION POSITIONING INSTRUCTIONS
Video can be accessed through the QR Code below

Prone Positioning Considerations

NON-INTUBATED PATIENTS

- For proning, which can encompass a fairly broad range of mobility status (independent to moderate/maximal assistance), it is helpful to use slide sheets and/or additional personnel to be able to safely assist with the prone maneuver.

- Patients with poor mobility may not be able to reposition themselves to the edge of the bed as would be necessary to allow enough space for them to prone without being obstructed by the bed rails on the other side of the bed.

- Pre-placement of slide sheets underneath the patient to allow with the lateral positioning would be helpful.

INTUBATED AND SEDATED PATIENTS

- For proning of the intubated and sedated, environmental and situational awareness is important.

- Consider that the ventilator tubing may not be the shortest and most restrictive line. Carefully assess intravenous and device lines (e.g. Extracorporeal membrane oxygenation [ECMO], Continuous Renal Replacement Therapy [CRRT]) to determine the optimal direction to roll the patient. This may not always be towards the ventilator.

- Recommend pre-placement of pillows/padding and moisture absorbing pad(s) when the patient is still in a side-lying position. This is to reduce the amount of extra rolling and repositioning required later to get pillows and padding underneath an already proned patient.

- Using the “Burrito Method” avoids this by wrapping all necessary items in with the patient and moving everything all together as a unit.

Prone Positioning Considerations continued…..

Environmental & Situational Awareness

Line Management

Consider that the ventilator tubing may not be the shortest and most restrictive line. Carefully assess intravenous and device lines (e.g. Extracorporeal membrane oxygenation [ECMO], Continuous Renal Replacement Therapy [CRRT]) to determine the optimal direction to roll the patient. This may not always be towards the ventilator. s

Pressure Relief

Recommend pre-placement of pillows/padding and moisture absorbing pad(s) when the patient is still in a side-lying position. This is to reduce the amount of extra rolling and repositioning required later to get pillows and padding underneath an already proned patient.

Handling Method

Using the "Burrito Method" avoids this by wrapping all necessary items in with the patient and moving everything all together as a unit.

Prone Therapy: Safe Patient Handling & Mobility (SPHM) Equipment Algorithm

Does patient meet criteria **AND** have order for prone therapy?

NO → Discuss with medical and/or critical care team

YES → Is the person awake? (Conscious vs. Unconscious)

YES (Conscious) → Is the patient agreeable to prone therapy and can they tolerate prone positioning?

NO → Communication with patient and medical team regarding benefits and additional options
If considering side-lying positioning utilize SPHM equipment as necessary for turning:
- Turn assist bed control
- Slide sheet
- Air assisted transfer device
- Total assist lift with repositioning sheet

YES → Does the patient require **"a lot"** of assistance or more to move in bed?

YES → SPHM Equipment must be utilized for safe prone / supine transfers:
- Optimize Bed controls

SPHM Equipment options:

Slide Sheet "Burrito Method"	**Air Assisted Transfer Devices** (Appendix B)	**Total Assist Lift**
- With bedsheets - With repositioning sheets so that patient can be turned/repositioned using total assist lift as needed		- Reposition sheet - Slide sheet

NO → Is the patient able to move independently?

YES → **Awake Proning Process:** No SPHM Equipment needed

NO → **Modified Awake Proning Process** for the patient who requires "a little" to "moderate" assistance:
SPHM Equipment:
- Optimize Bed controls
- Slide sheets

NO (unconscious) → SPHM Equipment must be utilized for safe prone / supine transfers:
- Optimize Bed controls

SPHM Equipment options:

Slide Sheet "Burrito Method"	**Air Assisted Transfer Devices** (Appendix B)	**Total Assist Lift**
- With bedsheets - With repositioning sheets so that patient can be turned/repositioned using total assist lift as needed		- Reposition sheet - Slide sheet

Precautions:
- Cardiovascular instability
- Head injury with increased ICP
- Facial injury
- Pelvic fracture
- Ascites or morbid obesity
- Pregnancy 2nd or 3rd trimester
- Intra-aortic balloon pump (IABP)
- Frequent seizures
- Tracheotomy < 24hrs
- Difficult airway
- Patient mentation/cooperation
- Dementia/AMS

Absolute Contraindications:
- Open abdominal
- Unstable Spinal Fracture

** Refer to system and site infection prevention guidelines for PPE during use of equipment and cleaning of equipment post utilization

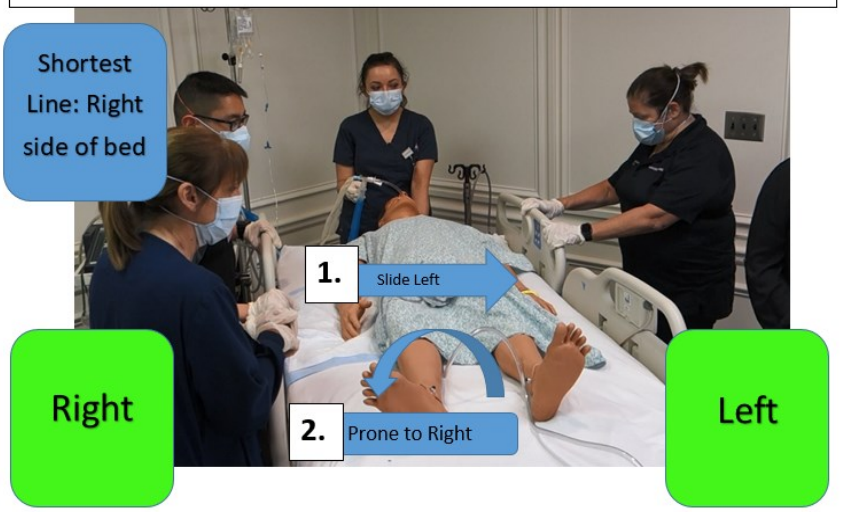
*For additional clarification/assistance, please reach out to site specific SPHM Committee or Workforce Safety at employeesafety@northwell.edu

Supine to Prone Patient Handling Guidelines: Slide Sheets

Key Points

Scenario: Patient needs to be turned from Supine → Prone. Shortest line/tube attached to patient is on right side of bed near patients head.

**Bed Labeled in reference to patient while laying supine in bed*



Necessary Equipment:

- 1 Slide sheet
- 2 flat bedsheets
- 3-5 pillows
- At least 5 team members

QR Code to View Video:

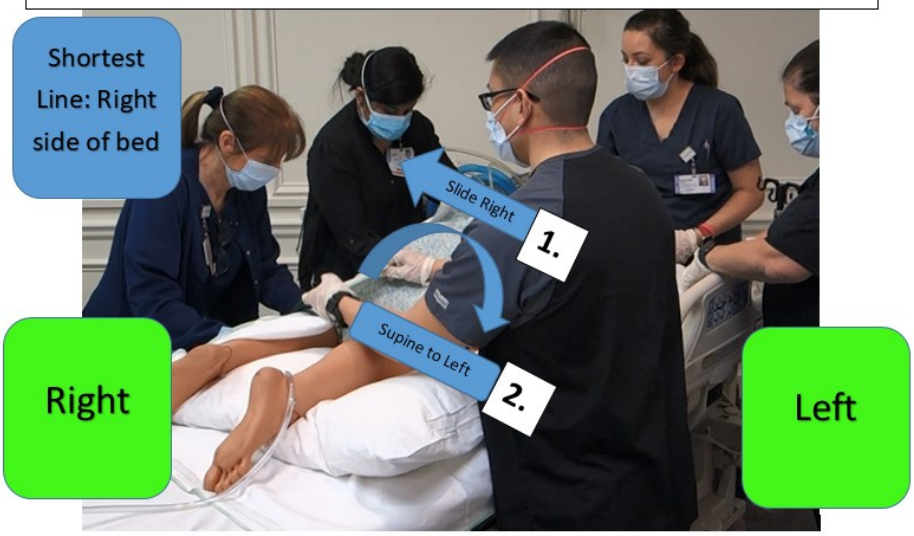
1. Place slide sheet (with opening of slide sheets at top and bottom of the bed) and flat bedsheet under patient using log roll technique (emphasize effort from pushing team to complete turn of patient)
2. Position patients' right arm under buttocks (can use pillowcase or chuck to secure arm if necessary)
3. Place chuck face down over the patient's pelvis
4. Place pillows over patient's chest (axilla), pelvis and anterior shins
5. Place another flat sheet on top of the patient ensuring it is not covering the patient's face/head.
6. Roll the top and bottom sheet firmly together in an upward fashion to form a tight cocoon around the patient.
7. Position team members so that 1 is at head and at least 2 are on either side of the patient.
8. Slide the patient to the far left of the bed.
9. Turn the patient into left side lying **right side team members push firmly on patients bottom (right) shoulder and hip**
10. Turn the patient prone on the bed.
11. Use the slide sheet to center the patient in the bed.
12. Untuck the rolls of the sheets and remove the top sheet.
13. Adjust pillows and bottom sheet as necessary.
14. Remove the slide sheet from under the patient using the tucking method.
15. Reposition and offload bony prominences, as necessary.

Prone to Supine Patient Handling Guidelines: Slide Sheets

Key Points

Scenario: Patient needs to be turned from Prone → Supine. Shortest line/tube attached to patient is on right side of bed near patients head.

**Bed Labeled in reference to patient while laying supine in bed*



Necessary Equipment:

- 1 Slide sheet
- 3-5 pillows
- At least 5 staff members

QR Code to View Video:

Starting Position: Patient is prone, flat sheet is already under patient from when patient was proned.

1. Place slide sheet (with opening of slide sheets at top and bottom of the bed) under patient using tucking method.
2. Position patient's right arm under front of pelvis (use pillowcase or chuck to secure arm if necessary)
3. Place chuck on patient's buttocks white side facing down.
4. Place flat sheet on top of patient without covering patient's head.
5. Roll the top and bottom sheet firmly together in an upward fashion to form a tight cocoon around the patient.
6. Position team members so that 1 is at head and at least 2 are on either side of the patient.
7. Slide the patient to the far right of the bed.
8. Turn the patient into right side lying **left side team members push firmly on patients bottom (Right) shoulder blade and hip**
9. Turn the patient supine.
10. Use the slide sheet to center the patient in the bed.
11. Unroll to remove the top sheet and pillows.
12. Adjust bottom sheet, as necessary.
13. Remove the slide sheet from under the patient using the tucking method.
14. Reposition and offload bony prominences, as necessary.

Additional Safe Patient Handling and Mobility Equipment Options & Techniques for Prone/Supine Positioning

Air Assisted Transfer Devices (Refer to Appendix E for Utilization Criteria Algorithm):

Supine → Prone

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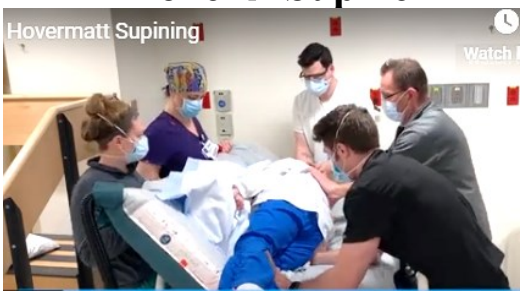
Prone → Supine



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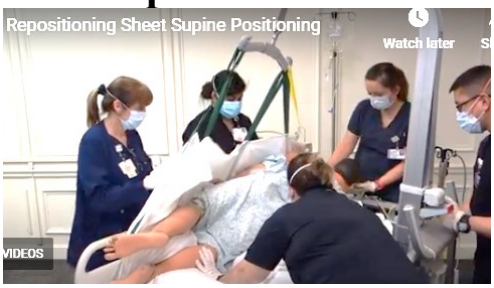
Total Assist Lift Devices with Repositioning Sheet:

Supine → Prone



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Prone → Supine

QR Code to View Video:

Research Review:
Self Proning of Awake Patients

Prone positioning is a simple intervention that can be done in most circumstances, is compatible with all forms of basic respiratory support and requires little or no equipment in the conscious patient.

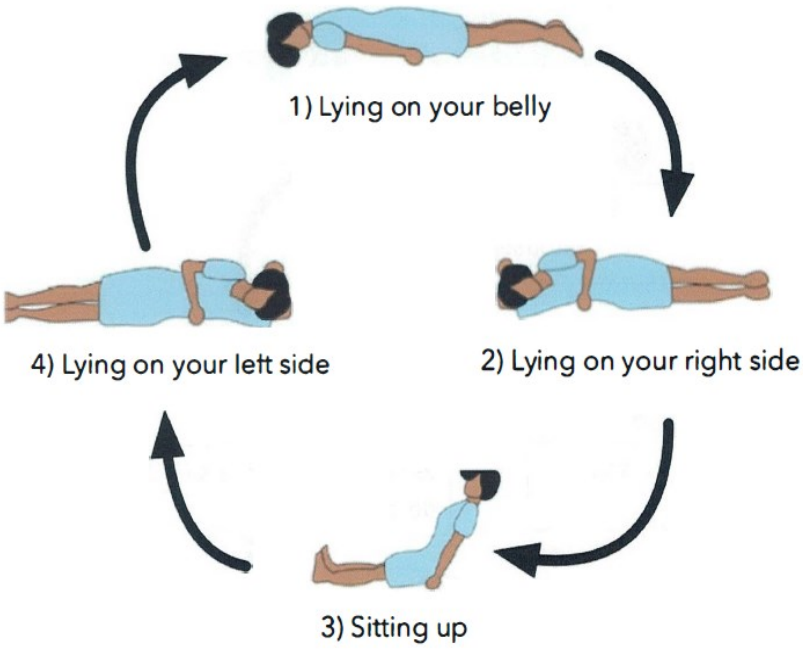
Benefits:

- Improves oxygenation.
- May forestall or prevent more aggressive supplemental oxygen therapy (needs more research)
- Improved secretion clearance

Guidance for Prone Positioning of the Conscious COVID Patient ***(Intensive Care Society (ICS))***

Timed Position Changes: If patient fulfils criteria for proning ask the patient to switch positions as follows.

1. 30 minutes to 2 hours lying fully prone (bed flat)
2. 30 minutes to 2 hours lying on right side (bed flat)
3. 30 minutes to 2 hours sitting up (30-60 degrees) by adjusting head of the bed.
4. 30 minutes to 2 hours lying on left side (bed flat)
5. 30 minutes to 2 hours lying prone again.



Continue to Repeat the cycle

Monitor oxygen saturation 15 minutes after each position change to ensure oxygen saturation has not decreased. Continue to monitor oxygen saturation as per the National Early Warning Score (NEWS)

Following page has patient education handout for self-proning.

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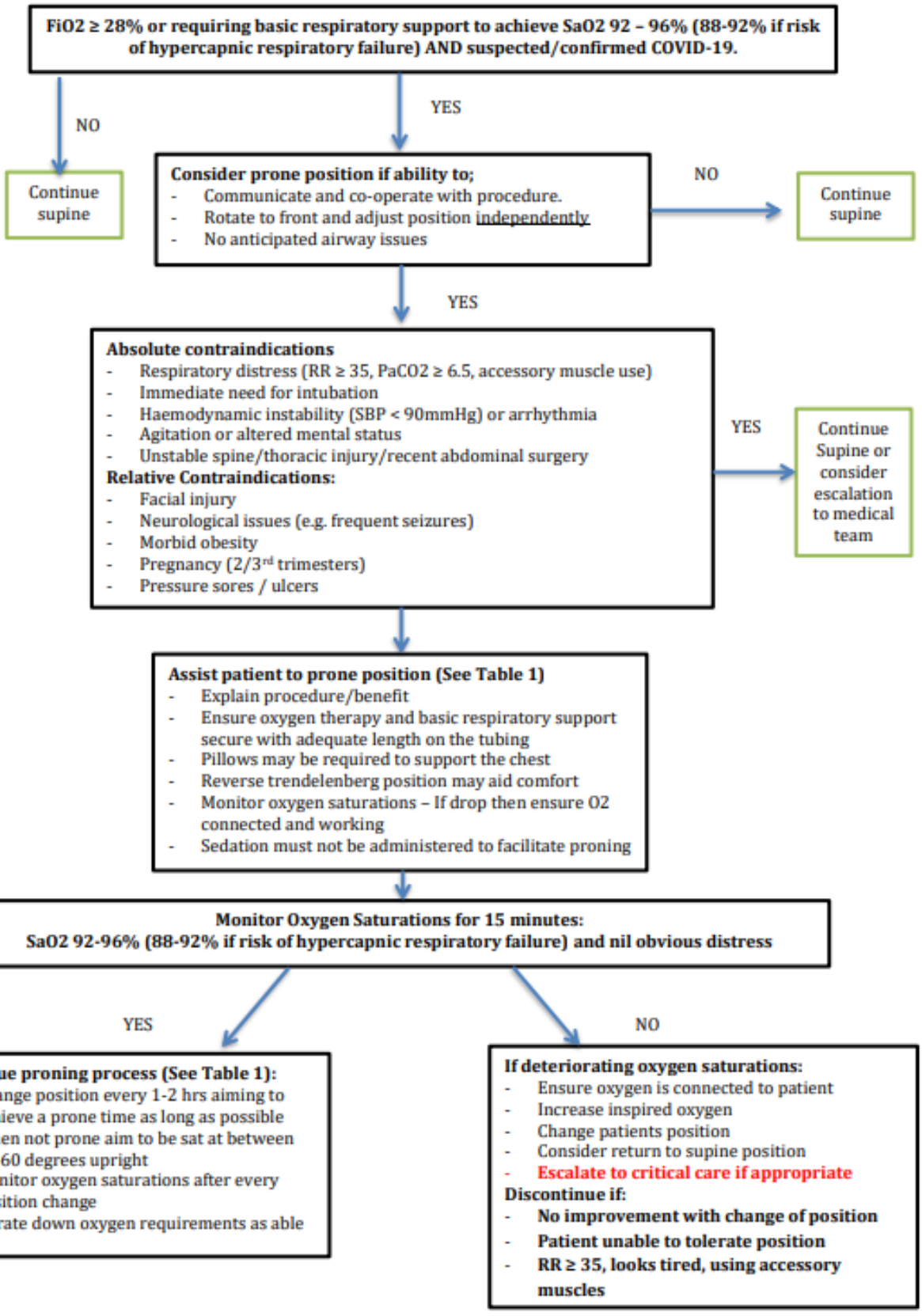
Figure 1 – Flow diagram decision tool for Conscious Proning process



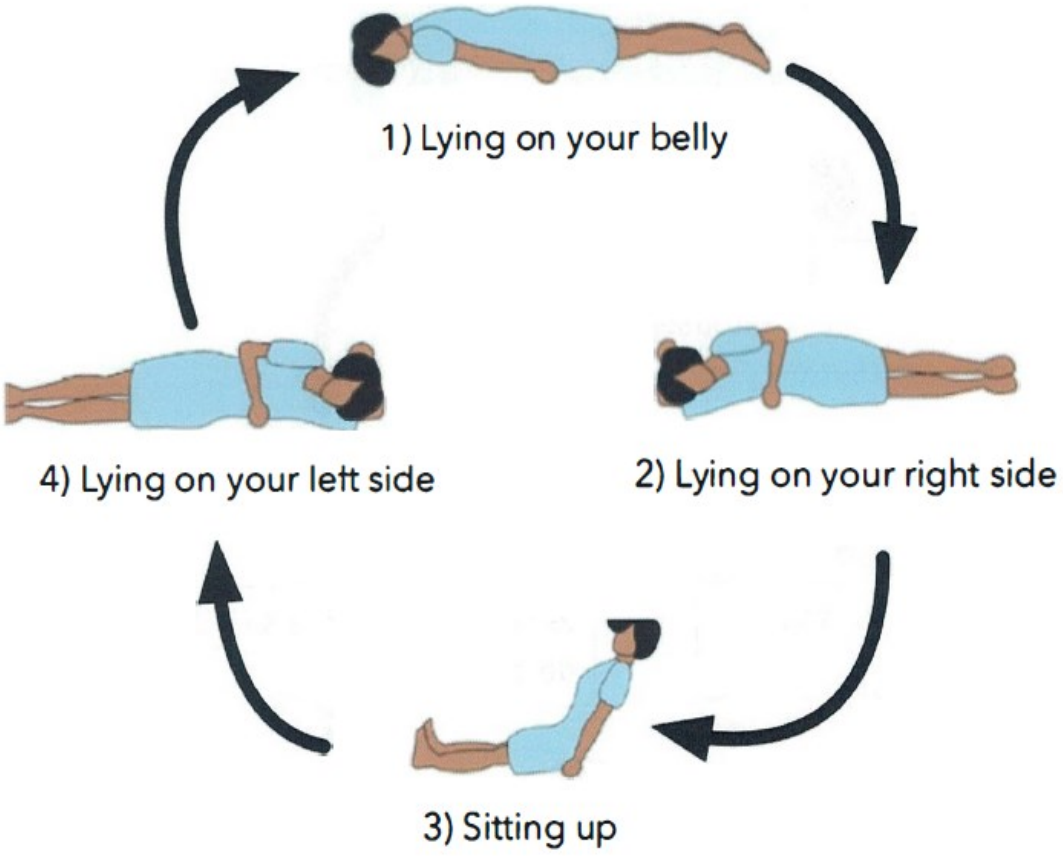
Instructions for Self-Proning

Please try not to spend a lot of time lying on your back. Laying on your stomach and in a side lying positions will help your body to get air into all areas of your lungs. You may notice immediate improvement in your breathing, or it may take several minutes after you have changed your position.

If any position causes you discomfort or pain, please do not use this position.

Your healthcare team members recommend you change your position every 2 hours.

<u>If you can please, try to reposition yourself every</u> 2 hours as seen below:



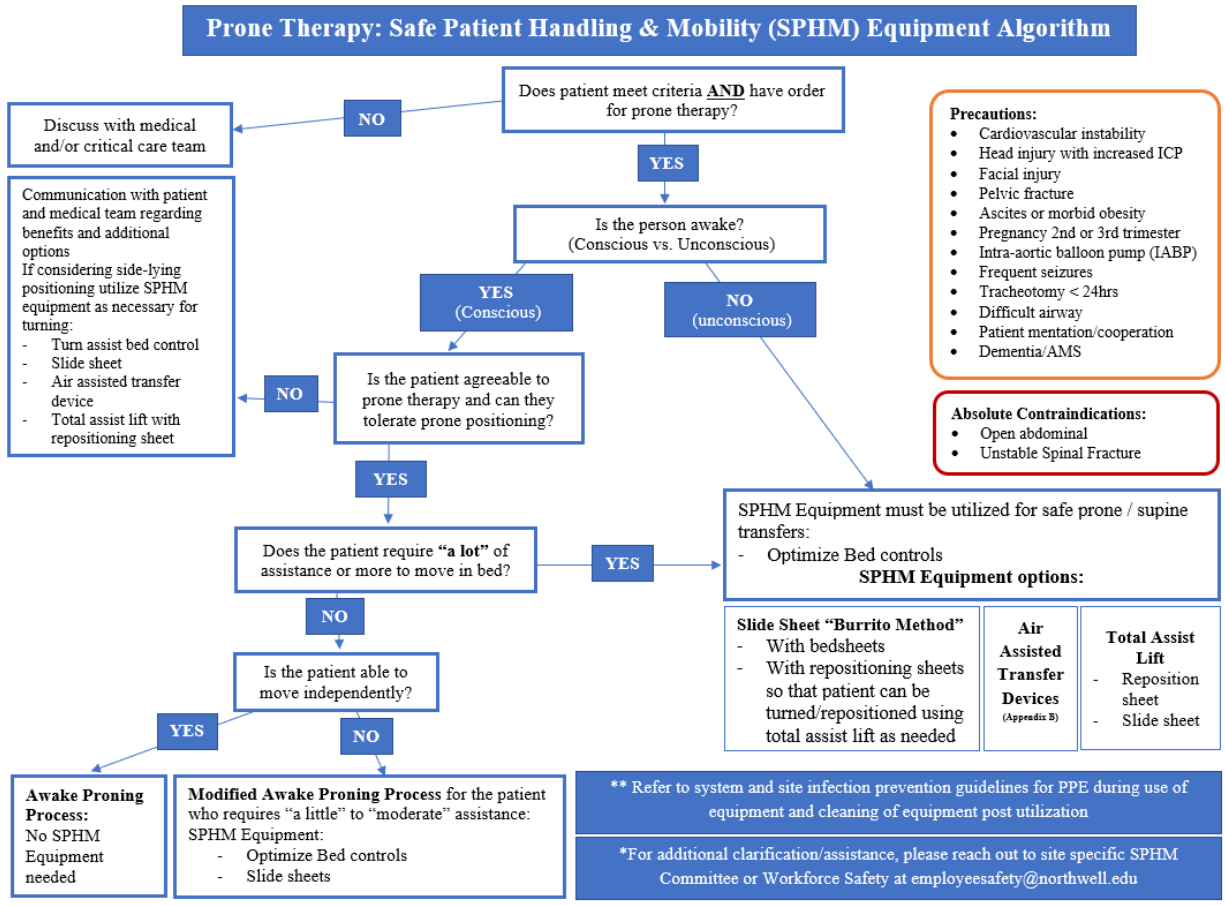
Awake Proning Guidelines for "a little" to "moderate" Assistance

***Adapted from ICS proning guidelines.**

Follow below mentioned identified positions, sequence, and duration recommendations.

- 30 minutes to 2 hours lying fully prone (bed flat)
- 30 minutes to 2 hours lying on right side (bed flat)
- 30 minutes to 2 hours sitting up (30-60 degrees) by adjusting head of the bed.
- 30 minutes to 2 hours lying on left side (bed flat)
- 30 minutes to 2 hours lying prone again.

For patients who cannot independently engage in self-proning but are not entirely dependent on staff for care, there are options available that are safe for both patients and employees to assist in completing the ICS proning guidelines. Please refer to the algorithm on page 9.



1. Utilize 2+ staff members to assist with bed mobility, position changes and positioning.
2. Add Safe Patient Handling and Mobility Equipment

Proning for the Awake Patient: Key Points (Step 1: Supine to Prone)

Necessary Equipment:
- Hospital Bed
- Slide sheet
- Flat sheet
- Pillows

QR Code to View Video:

1. Patient laying supine in bed.
2. Max inflate mattress of hospital bed.
3. Place slide sheet with flat bedsheet on top under patient and chuck) – making sure not to have the slide sheet under the patient feet if they are able to help with their legs **if they are unable to help with LE's then place slide sheet completely under the patient from head of bed to foot of bed in direction for lateral movement.
4. Boost patient up in bed *instruct patient to bend and push.
   through LE's if able
5. Boost patient to one side (right) *instruct patient to bend knees and push through LE's if able.
6. Assist patient to tuck arm (left) under buttocks or overhead if able.
7. Prepare patients legs for turn.
8. Turn patient away from the side they slid toward (left) (ideally toward shortest line) into side lying.
9. Prepare patient for prone with pillows under chest, pelvis, shins (tuck pillows under patient's body so that pillows do not slide out during prone
10. Use bedsheet over slide sheet to assist with moving patient from side lying to prone.
11. Use bedsheet over slide sheet to position patient optimally in bed.
12. Remove slide sheet from under patient.

Proning for the Awake Patient Key Points (Step 2: Prone to R Side Lying)

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1. Max inflate mattress of bed.
2. Place slide sheet under patients left side.
3. Slide patient slightly to their left.
4. Assist with turning patient into right side lying supporting patients.
   shoulder/pelvis (use turn assist prn)
5. Remove slide sheet.
6. Position optimally with pillows for right side lying.

Proning for the Awake Patient Key Points (Step 3: R Side Lying to sitting)

1. Max inflate bed.
2. Place slide sheet on left side of bed and tuck under patient (patients' posterior side while lying in right sideling)
3. Assist patient into supine.
4. Boost patient up in bed (ask patient to assist with UE's/LE's if able)
5. Remove slide sheet.
6. Utilize bed in chair position or Elevate HOB (30-60 degrees) if unable.
   to tolerate bed in chair

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Proning for the Awake Patient Key Points (Step 4: Sitting to L Side Lying)

1. Hold flat button of bed to take hospital bed out of bed in chair mode.
2. Max inflate mattress of hospital bed.
3. Place slide sheet half under patient and chuck on right side
4. Boost patient up in bed *instruct patient to bend and push through LE's if able.
5. Boost patient to one side (right) *instruct patient to bend knees and push.
   through LE's if able
6. Assist patient to tuck arm (left) under buttocks or overhead if able.
7. Prepare patients legs for turn.
8. Turn patient away from the side they slid toward (left) (ideally toward shortest line) into side lying (use turn assist prn)
9. Remove slide sheet from under patient.
10. Position optimally in left side lying with pillows.

Necessary Equipment:

- Hospital Bed
- Slide sheet
- Flat sheet
- Pillows

QR Code to View Video:

Proning for the Awake Patient Key Points (Step 5: L Side Lying to Prone)

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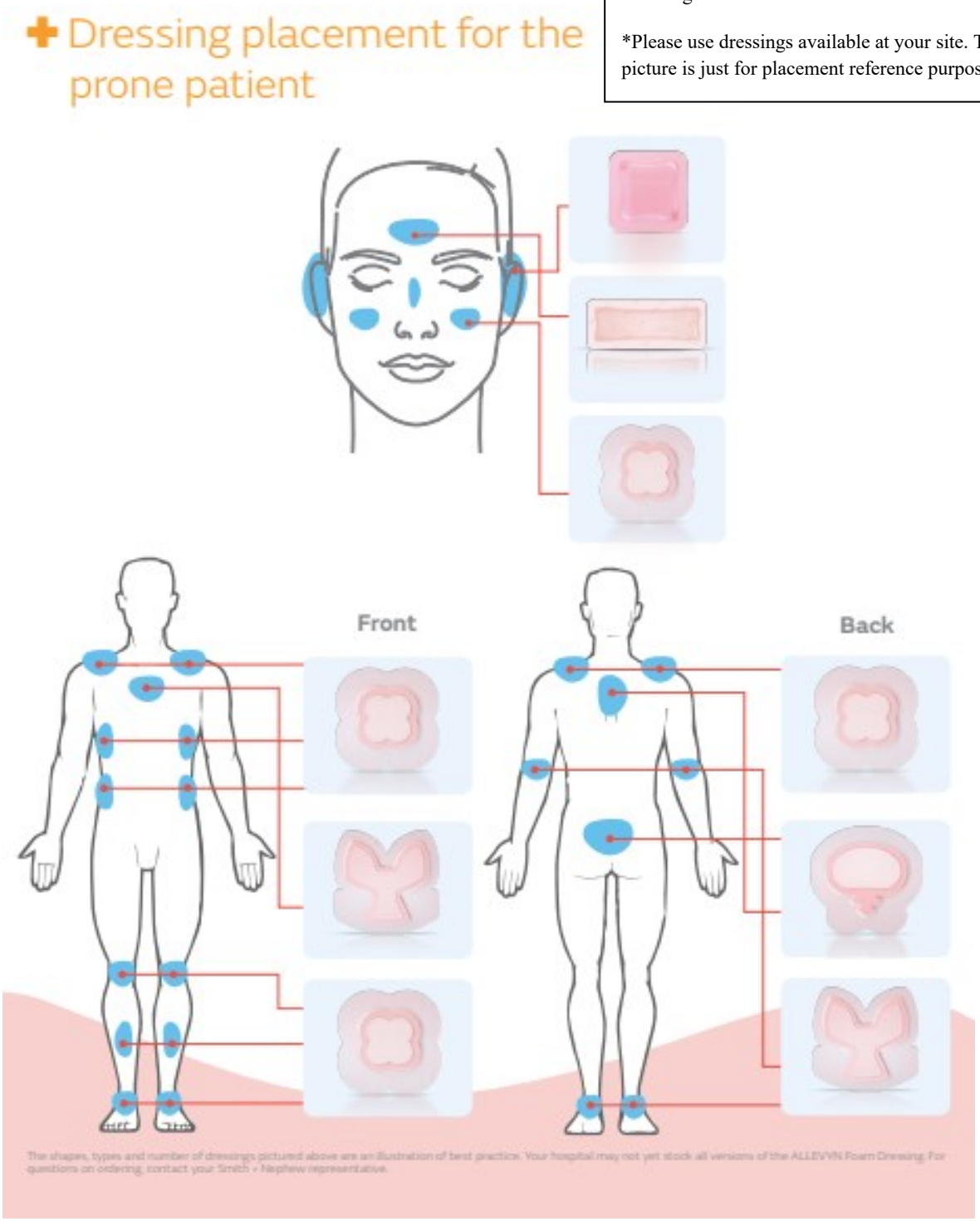
1. Patient starts in left side lying.
2. Max inflate Hospital bed.
3. Place slide sheet under both flat bedsheet (that should be under patient from step 1) and patient and chuck on left side of bed and tuck under patient (patients' anterior side while lying in left side lying)
4. Boost/Slide patient to the right side of bed
5. Assist patient to tuck arm (left) under buttocks or overhead if able.
6. Prepare patient for prone with pillows under chest, pelvis, shins (tuck pillows under patient's body so that pillows do not slide out during prone
7. Use bedsheet over slide sheet to assist with moving patient from side lying to prone.
8. Max inflate bed.
9. Use bedsheet over slide sheet to position patient optimally in bed.
10. Remove slide sheet from under patient.

APPENDIX A: Dressing Placement for Prone Patient

Dressing Placement for Prone Patient

Reference: Image from Smith Nephew: Allevyn Foam Dressings.

*Please use dressings available at your site. This picture is just for placement reference purposes ONLY.



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APPENDIX B:
Proning Therapy Checklist

Proning Therapy Checklist: The Burrito Method

To access checklist online use below QR Code

Date / Time: _____

Signature of Physician/RN Initiating Roto Prone Therapy: _____

- Proning is considered a procedure requiring planning, physician's order, and timeouts.
- Proning usually required 4-6 clinicians (may include physician, nurses, respiratory therapist) and takes 20-30 minutes.
- Gather equipment prior to doing initial proning: EKG patches, Silicone Foam Dressings, Interdry, Eye lubricant, external fecal pouch or barrier ointment, breathable under pad, small Z-float positioner device; if intubated supplies needed to change ETT holder to tape securement
- Identify Proning Team Leader
- One Clinician should be a head of bed, 2 staff on each side of bed.
- Prone 16 hours/ Supine 8 hours, or as MD order

Note: Proning Kits are available in Critical Care Areas that contain all needed equipment

Prior to Placing Patient in Prone Position	Completed
1. Place silicone foam dressings on prominent bony prominences which will touch bed when prone: Forehead, Bilateral Cheekbones, Chin, Bilateral Shoulders/ Clavicles, Bilateral Iliac Crest, Bilateral knees, Bilateral dorsal area of feet	❑
2. Apply interdry between toes, beneath breasts (females), groins, and under pannus	❑
3. Apply eye lubricant	❑
4. Apply external fecal pouch or apply Barrier Ointment (Criticaid Clear) to perineal area	❑
5. If patient has EKG leads, remove anterior leads	❑
6. If already intubated and has a ETT Hollister Holder, change ETT holder to cloth tape for securement	❑
7. If already intubated, verify EET is secured, optimize ventilator settings, pre-oxygenate patient as indicated, suction ETT and oral cavity	❑
8. Remove patient gown prior to proning	❑
9. Apply one breathable under pad beneath patient's perineal area	❑
10. If patient has a Foley, remove stat lock securement from Foley	❑
11. If patient has IVs, ensure patient's IV lines have been extended appropriately	❑

Proning Therapy Checklist: The Burrito Method

Proning the Patient	Completed
1. Tuck arm under patient (if vented, arm closest to ventilator)	❑
2. Place oximeter probe on limb not being turned under patient	❑
3. Slide patient to edge of bed (if vented, away from ventilator)	❑
4. Check ETT, lines, tubes, etc.	❑
5. Rotate patient and slowly turn toward vent until in prone position; center in the bed	❑
6. Place EKG leads on back	❑
7 Check ETT, lines, tubes, etc. Assess all lines and tubes for dislodgement, kinks; check that patient is not lying on any tubing	❑
8. Position arms in modified swimmers' crawl. Face in the direction of the raised arm, Shoulder dropped and elbows below. axilla and other arm at side, palm facing up	❑
9. Place Small Z-Float Positioning Device under patients' head; mold to ensure no pressure on the ear facing downward & airway clear	❑
10. Place pillows under shins and ensure toes are off the bed	❑
11. Place bed in reverse Trendelenburg (If bed technology allows or not contraindicated per MD order)	❑

Care When Patient in Prone Position	Completed
1. Assess adequate clearance, security, and position of all invasive lines, tubes, and drains	❑
2. Cleanse eyes every 6 hours with warm water to remove all exudates and crusting; apply lubricant ointment and close to keep eyes moist	❑
3. Provide oral care every 4-6 hours	❑
4. Check that feet are kept at 90-degree angle to prevent foot drop	❑
5. If on a Critical care bed that allows continuous rotation, adjust bed to continuous rotation 20 degrees based on patient's. tolerance and per MD order	❑
6. Provide perineal care as needed	❑

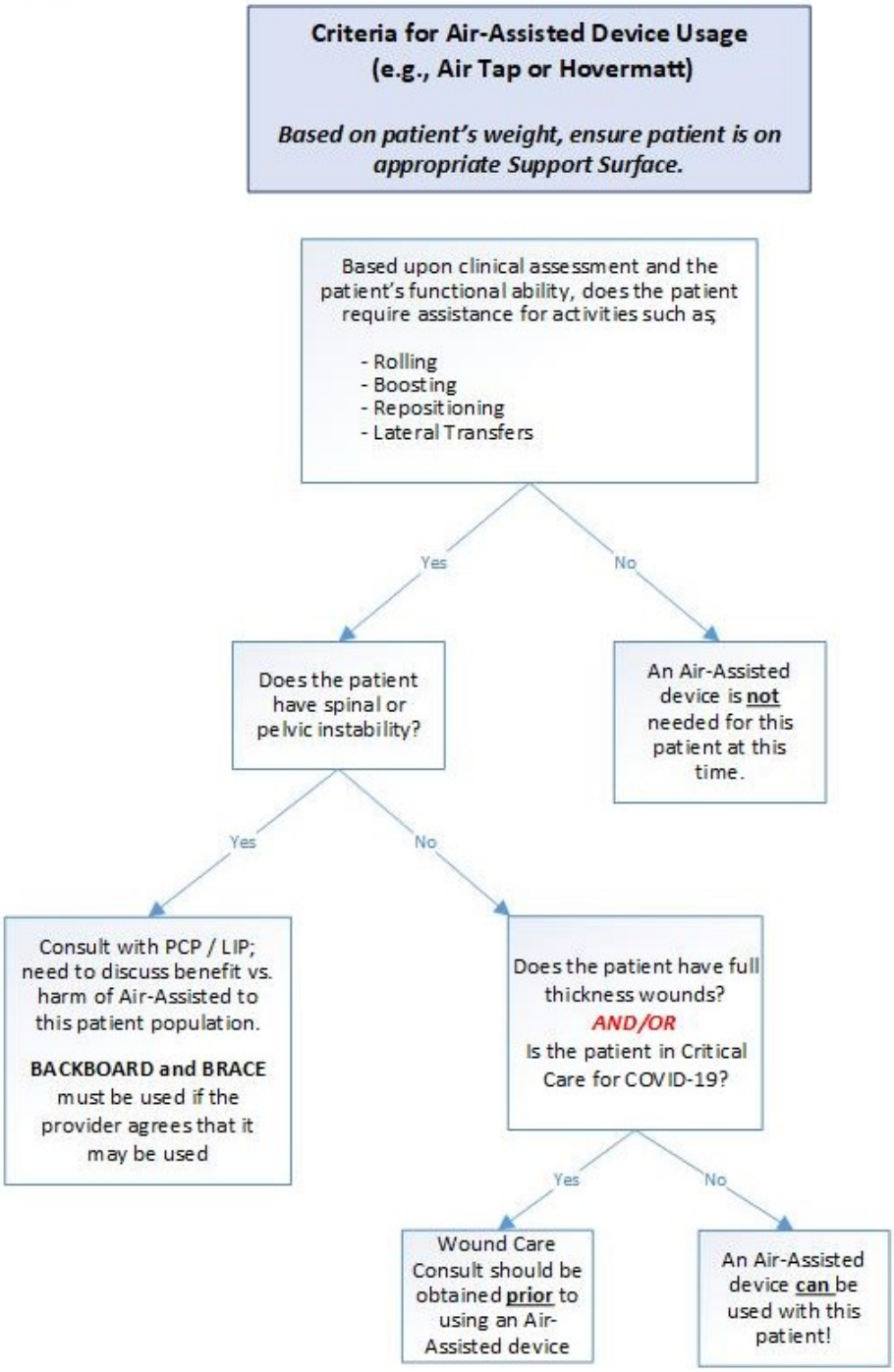
Proning Therapy Checklist: The Burrito Method

Returning Patient to Supine Position	Completed
1. If bed in reverse Trendelenburg, place in flat position	❑
2. Tuck arms under the patient	❑
3. Slide patient to the edge of bed (if vented towards the ventilator)	❑
4. Check ETT, lines, tubes, etc.	❑
5. Rotate patient and slowly turn until in supine position (if vented away from the ventilator); center in the bed	❑
6. Place EKG leads on chest	❑
7. Check ETT, lines, tubes, etc.; assess all lines and tubes for dislodgement, kinks; check that patient is not lying on any tubing	❑
8. Position arms for patient comfort	❑
9. Position bed in reverse Trendelenburg position to help minimize facial edema (If bed technology allows and not contraindicated by MD order)	❑

Care When Patient in Supine Position	Completed
1. Remove foam dressings and assess skin (especially face) when patient position changed.	❑
2. Apply cool packs on face while in supine position for 20 minutes every 2-4 hours	❑
3. Moistened tongue with hydrogel or moisturizer if mucosa dry (tongue may protrude after proning)	❑
4. Provide oral care every 4-6 hours and prn	❑
5. If intubated, change ETT securement (tape) and reposition tube to other side of mouth every time patient is changed to supine position; provide mouth care when changing tape	❑
6. Elevate heels off bed surface using pillows or fluidized positioners or boots	❑
7. Provide perineal care as needed	❑

APPENDIX C: Criteria for Air-Assisted Device Usage

Criteria for Air-Assisted Device Usage



HoverMatt	Prevalon AirTap
39-inch Hovermatt mattress, weight limit 1200 lbs **(PS# 246834)**	Standard Prevalon AirTap 36-inch, weight limit 550 lbs **(PS# 235147)**
50-inch Hovermatt mattress, weight limit 1200 lbs **(PS# 263687)**	XXL Prevalon AirTap 43-inch, weight limit 1200 lbs

For additional clarifications/assistance, please reach out to site specific Safe Patient Handling and Mobility Committee, Wound Care Team or Workforce Safety at employeesafety@northwell.edu
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