

CHECKLIST FOR PRONE POSITIONING

Patient Name

DOB

MRN:

TIME OF START OF PRONING	Date	Time		
CHECKS IMMEDIATELY PRE PRONING				
Evidence of contra-indications?	Facial or pelvic fractures	Yes	No	
	Burns/open wounds on ventral surface	Yes	No	
	Spinal instability	Yes	No	
	Increased intra-cranial pressure	Yes	No	
	Life threatening arrhythmia	Yes	No	
ET tube 2-4 cm above carina?	Yes	No		
ET tube, catheter and drains secured?	Yes	No		
Monitoring checked?	Yes	No		
Syringe pumps positioned appropriately +/- IV line extensions?	Yes	No		
4 pillows and 2 sliding sheets available?	Yes	No		
Emergency drugs available?	Yes	No		
NG feed stopped, aspirated and tube clamped?	Yes	No		
Patient suctioned?	Yes	No		
Drainage bags opposite side?	Yes	No	NA	
Chest tube drain between legs?	Yes	No	NA	
IV tubing toward head?	Yes	No		
Cornish pasty arrangement?	Yes	No		
Team Leader, airway doctor and 4 assistants present?	Yes	No		
CHECKS IMMEDIATELY POST PRONING				
ETT tube position correct?	Yes	No		
Lines and drains secure?	Yes	No		
In swimmer position? (pressure areas padded)	Yes	No		
NG feed restarted?	Yes	No		
CHECKS THROUGHOUT PRONING				
Swimmers position changed 2-4 hourly.	Date	Time	Left	Right
	Date	Time	Left	Right
	Date	Time	Left	Right
	Date	Time	Left	Right
TIME OF END OF PRONING.	Time		Date	

PLEASE SEE PRONE POSITION PROTOCOL FOR GUIDANCE ON OPTIMISING VENTILATION SETTINGS.

Completed by

Name

Signature

Date

INDICATION AND SAFETY DURING PRONE POSITIONING

Admission to ICU	Date	Time			
Intubated	Date	Time			
Likely Diagnosis					
Days of onset since acute illness					
Evidence of bilateral opacities on CT/xray?	Yes		No		
Symptoms not fully explained by cardiac failure or fluid overload?	Yes		No		
Mode of ventilation prior to proning.	Mode	FiO2	PEEP	PS	VT (ml/kg)
ABG immediately prior to proning	pH	PaCO2	PaO2	BE	P/F ratio
ABG 6 hours post proning	pH	PaCO2	PaO2	BE	P/F ratio
ABG 24 hours post proning	pH	PaCO2	PaO2	BE	P/F ratio

Adverse events ie. Severe hypotension, raised PCO2, pneumothorax.					
Type of clinical event.	Time since proning	Any reason identified for causing event?	Any changes made to the ventilator settings to reverse change?	Any other non-ventilator related measures taken to reverse change.	Any other comments

8 consecutive hours supine	Yes	No	Details if no:
Prone position repeated?	Yes	No	Details:

Completed by

Name

Signature

Date