Proning Protocol

Lori D. Fineman, RN, MS; Michelle A LaBrecque, RN,MSN; Mei-Chiung Shih, PhD; Martha A. Q. Curley, RN, Phd. Prone positioning can be safely performed in critically ill infants and children. PEDIATRIC CRITICAL CARE MEDICINE. 7(5):413-422, September 2006.

Purpose: To improve oxygenation and lung recruitment in patients with acute lung injury while minimizing complications.

Potential Complications:

- Inadvertent extubation or ET tube obstruction
- Hemodynamic instability and/or desaturations
- Dislodgement of IV lines, drains or tubes
- Pressure ulcers or skin breakdown
- Enteral feeding intolerance

Process:

Planning:

- PICU team will identify patients to be proned and communicate this to bedside RN
- Bedside RN will update RSN and RT
- A time frame will be established that avoids report, rounds or planned critical events
- Depending on the size and acuity of the patient, a team will be assembled to include 2-3 RNs, 1-2 RTs and a Fellow or Attending
- When assembled at the bedside, ONE team leader will be established and roles identified. (Roles to include who manages airway and lines…. who turns and positions)

Implementation:

- After roles are established, the team leader will verify that airway and lines are secure
- The team leader will direct the turning procedure
- The turning procedure will stop if patient becomes unstable
- After turning, the airway integrity and patency will be verified
- The patient will be positioned and padded
- Family will be updated re: procedure

Evaluation:

- The time and tolerance of procedure will be documented
- Assess and document vital signs hourly
- Assess patency of ETT at least hourly
- Monitor patient for desats, changes in PIPs, ETC02 or 02 requirements
- Assess skin integrity and eyes q 2 hours
- Monitor for signs of feeding intolerance

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Template: C:\Documents and Settings\cstave\Application Data\Microsoft\Templates\Normal.dot
Title: sdf
Subject:
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Keywords:
Comments:
Creation Date: 9/19/2007 4:39:00 PM
Change Number: 4
Last Saved On: 9/20/2007 9:05:00 AM
Last Saved By: Stanford Hospital and Clinics
Total Editing Time: 5 Minutes
Last Printed On: 9/26/2007 10:34:00 AM
As of Last Complete Printing
Number of Pages: 1
Number of Words: 271 (approx.)
Number of Characters: 1,547 (approx.)