PRONE POSITIONING CHECKLIST AND PROTOCOL

Intensive Care Unit

PTEHE Acronym for Prone Positioning

Helps prevent injuries and promotes comfort.

PRONE POSITION IN MECHANICAL VNTILATION		
P – PILLOWS	Ensure patient is stabilized laterally with two	
	pillows.	
T – TRENDELENBURG	Position the patient in reverse Trendelenburg	
	between 8° and 10°.	
E – EYES	Ensure the patient's eyes are visible and	
	completely free of pressure.	
H – HAND	The clinician uses their hand to check the	
	patient's face to ensure the "C"-shaped cushion is	
	correctly positioned.	
E – EAR	Ensure that the external edge of the supported	
	ear is not compressed by the "C" cushion.	

e-prone trial

PRONE POSITION IN 7 STEPS			
STEP	CARE	Check	
1	The clinician at the head ensures airway security, leads the maneuver, and turns		
	the patient's head.		
2	Move the patient to the edge of the bed opposite the turning direction, as far from		
	the ventilator as possible.		
	*Place a sheet to receive and mobilize the patient.		
3	Gently prone the patient, taking care of vascular accesses.		
4	Raise the upper limb so that it is positioned in front of the patient's face.		
5	Raise the lower limb on the same side as the arm.		
6	Lateralize the patient with Pillow 1 under the thorax (never fully under the		
	patient). Rest the head on a "C"-shaped cushion to free ocular and oral areas and		
	avoid neck hyperextension. Place Pillow 2 under the lower limb.		
7	Elevate the bed in reverse Trendelenburg position (8° to 10°).		
	*Lower the urine collector and unclamp the Foley catheter.		



	RECOMMENDATIONS BEFORE PRONE POSITIONING		
No.		CARE TASK	СНЕСК
1.		Inform the family about the procedure.	
2.		Ensure there are no contraindications.	
3.		Confirm proper endotracheal tube (ETT) placement with	
		chest X-ray.	
		Secure the ETT.	
	Airway Care	Suction oropharyngeal secretions before oral hygiene.	
		Insert closed suction system.	
		Ideally, install active humidification.	
		Obtain baseline ABGs.	
4.		Remove unnecessary continuous infusion pumps (CIP).	
		Secure venous accesses (central and peripheral) with clean	
	Venous Access	and dry dressings.	
	Care	Move CIP and ventilator to the side of the patient's turn.	
		Assess need for CIP extension lines for vasoactive drugs,	
		sedoanalgesia, and NMBAs.	
5.	Enteral	Confirm feeding tube placement.	
	Nutrition	Suspend enteral nutrition if in use.	
6.	Pressure	Perform eye care and lubrication.	
	Points	Apply transparent dressing to high-pressure areas such as	
		rib edges and knees.	
7.		Remove chest electrodes and place them on the back after proning.	
	Monitoring	Disconnect unnecessary monitoring cables.	
		Maintain optimal SpO ₂ , capnography, and arterial line	
		monitoring.	
8.	Team	Ensure bed brakes are locked.	
	Preparation	Gather a team of at least 5 people.	
		Assign 2 people per bed side to protect lines and drains.	
9.		Clamp Foley catheter and place urine collector on bed.	
10.		If chest drain is present, DO NOT CLAMP. Assign a dedicated	
		person for mobilization.	

ADDITIONAL TABLES – PRONE POSITIONING PROTOCOL

ANNEX 1: CARE DURING MAINTENANCE OF THE PRONE POSITION			
No.	CARE TASK	FREQUENCY	CHECK
1.	Perform eye care and relieve pressure	Every 6 hrs	
	points around the eyes to prevent		
	corneal ulcers.		
2.	Perform oral care and suction oral	Every 4 hrs	
	secretions.		
3.	Suction secretions via the ETT.	Every 12 hrs and SOS	
4.	Check ETT cuff pressure.	Every 12 hrs and SOS	
5.	Keep ETT fixation clean and dry.	Every 12 hrs and SOS	
6.	Change patient position (alternate	Every 2 hrs	
	right/left lateralization).		
7.	Apply moisturizing cream on pressure	Every 24 hrs	
	points.		
8.	Apply lubricant on heels and pressure	Every 12 hrs	
	points.		
9.	Foley catheter care: genital hygiene and	Every 8 hrs	
	tube rotation.		

ANNEX 2: CHANGING LATERALIZATION IN PRONE		
No.	CARE TASK	CHECK
1.	Gather a team of at least 3 people (depending on patient's BMI).	
2.	Remove pillows 1 and 2.	
3.	Place the patient in a neutral position.	
4.	Raise the shoulder and head (3 people).	
5.	Turn the head and ETT toward the new position (left or right).	
6.	Place the "C" cushion again while raising the head and shoulders.	
7.	Lateralize the patient with pillow 1.	
8.	Raise the upper limb (facing the face) and ipsilateral lower limb, and place	
	pillow 2.	

	RECOMMENDATIONS BEFORE CHANGING TO SUPINE POSITION		
No.	CARE TASK	CHECK	
1.	Gather a team of at least 5 people.		
2.	Ensure secure fixation of central and peripheral venous lines.		
3.	Ensure arterial line is secured.		
4.	Position continuous infusion pumps on the opposite side of the turning		
	direction.		
5.	Remove non-essential pumps.		
6.	Remove back electrodes to reposition on chest post-supination.		
7.	Maintain SpO ₂ , capnography, and arterial line monitoring ideally.		
8.	Clamp Foley catheter and place urine bag on the bed.		
9.	Check that the bed brakes are locked.		

CHANGING TO SUPINE POSITION CARE IN 7 STEPS		
No.	CARE TASK	СНЕСК
1.	Remove "C" cushion and pillows 1 and 2.	
2.	Place the patient in a neutral position.	
3.	Direct movement according to head lateralization (left or right).	
4.	Ensure tubing and IV lines are free of traction.	
	Place a sheet to receive the patient.	
5.	Move the patient to the bed edge opposite to the turning direction, always	
	securing the airway.	
6.	Gently supinate the patient, protecting venous lines.	
7.	Reconnect monitoring and position the patient.	
	Lower the urine bag and unclamp Foley catheter.	
	Check arterial blood gases once the patient is stabilized.	

ANNEX 3: "C" CUSHION CREATION

Materials:

- 50 x 40 cm dressing pad
- Elastic bandage
- Cotton tape

Instructions:

Roll the 50 x 40 cm dressing pad with the cotton tape inside, leaving both ends of the tape visible. Wrap with gauze bandage and secure with tape. Finally, tie the ends together to form a "C" shape.

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