Standards of Care for the Patient in the Prone Position

The following standards regard the care of the patient in the prone position

Objectives

The patient will:
1. Maintain adequate gas exchange.
2. Have improved tissue oxygenation.
3. Maintain adequate tissue perfusion.
4. Maintain skin integrity.
5. Be free of or have minimal complications.
6. Have reduced stress, along with family and significant others, through visitation and education of disease processes.

Process Standards for the Patient in the Prone Position

The ICU RN will:
1. A complete head to toe assessment will be made and documented. This assessment should be repeated at least every 4 hours and as needed.
2. Maintain continuous pulse oximetry and cardiac monitoring.
3. Notify the physician for abnormal pulse oximetry results.
4. Blood pressure must be assessed and documented at least every hour. If Arterial Line present continuous monitoring of blood pressure will be present.
5. Be present for any procedure performed.
6. Ensure proper turning and positioning of the patient’s face and bony prominences every 2 hours or as needed.
   a. The patient will remain in the prone position until oxygenation plateaus and the MD orders for the patient to be placed in the supine position.
7. Assess skin initially including color, temperature, moisture, and signs of breakdown. This assessment shall be repeated every 4 hours.
   a. All leads are placed on the back while the patient is in the prone position to possibly prevent breakdown.
   b. Care is during the turning process to assure decreased risk of skin breakdown.
9. Ensure presence of optimal sedation if neuromuscular blockers are used, and titrate sedation according to CPOT sedation scale as ordered by the ICU physician.
10. Obtain complete hemodynamic data from the PA catheter every 4 hours or as needed. Oxygenation profiles will also be performed and documented as needed.

11. Ensure presence of continuous cardiac monitoring.

12. Document cardiac rhythm initially and every 4 hours. A rhythm strip shall be placed in the graphics section of the chart every 12 hours or as needed.

13. Insure the presence of physician ordered nutrition. Enteral nutrition is the preferred nutritional support for patients.
   a. Due to the fact the patient’s head of bed cannot be elevated, the patient will be placed in reverse trendelenberg to possibly prevent ventilator associated pneumonia.

14. Ensure maintenance and dosage of all continuous vasoactive medications. Document dosages of all continuous vasoactive medications initially and with any change in dosage. All vasoactive medications are based mcg/kg/min. All continuous vasoactive medications will be controlled by an IVAC pump.

15. Obtain all lab studies including arterial blood gases ordered and document results in timely manner. A physician will be notified of abnormal results.

16. Administer all medications in timely manner and document patient effect.

17. Inform and update family and significant others of patient status at visitation times or as needed.

18. Patients with severe ARDS may be placed on Continuous Lateral Rotation Therapy beds while in prone position for continuous rotation in supine position.

19. Patients in the prone position shall have there head of bed elevated by placing them in reverse Trendelenberg position.
   a. Reverse Trendelenberg is used to prevent an increase in intraocular pressure.
   b. Reverse Trendelenberg is used to possibly assist in the prevention of VAP when HOB may not be performed.

References: