## Proning Quick Guide – adapted for COVID-19 patients

Decision to Prone ventilate

- Senior ICU medical staff, with support from critical care nursing team
- Optimised supine ventilation
- Risk / benefit balance considered, including diversion of personell to achieve safe proning

Prepare equipment and team

- Spare sheets, inco-sheets and pillows (3)
- 2 x Slide sheets and fresh ECG dots
- Secure all connectors and joints on ventilator circuit
- 7 team members (1 airway, 2 each side, team leader, runner outside room). All those within room in appropriate PPE for "aerosolgenerating procedures"
- Airway trolley kept clean & outside room
- Ensure lines & drains are well secured.
- ETT tied rather than pink tape or Achorfast. Duoderm and sponge protection applied
- 100% oxygen
- Clean eyes, apply Vita-Pos™ then tape eyes shut with Siltape™
- Urinary catheter to foot of bed
- Asprate NG tube, cease unnecessary infusions and disconnect, remove ECG monitoring

Brief team before starting

Prepare the patient

- Allocate roles, ensure PPE is checked and all necessary equipment is available
- Team briefing with explicit discussion of potential immediate complications and how they will be managed

Move in sequence

- Team leader (ACCP, senior nurse or doctor) calls each step.
- Silence from team unless urgent concern for patient / staff safety
- Usually easier to roll towards the ventilator
- Disconnect arterial line just before turning
- Keeps sats monitoring on if possible