

Pronation Therapy – CE

CHECKLIST

S = Satisfactory U = Unsatisfactory NP = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene and donned PPE as indicated for needed isolation precautions.				
Introduced self to the patient.				
Verified the correct patient using two identifiers.				
Assessed the patient’s respiratory status.				
Assessed the patient’s hemodynamic status to determine his or her ability to tolerate a position change.				
Obtained the patient’s height and weight. Ensured that the height and weight did not exceed the manufacturer’s recommended limits for commercial positioning systems.				
Assessed the patient’s level of sedation and level of pain.				
Ensured that an adequate number of experienced, knowledgeable health care team members were available to perform the procedure.				
If the patient was on a low air-loss surface, inflated it to the maximum level to make turning easier.				
Administered sedatives and analgesics as prescribed. Reassessed the patient’s pain and sedation status, allowing for sufficient onset of action per medication, route, and the patient’s condition.				
Performed eye care, including lubricating the eyes and horizontal taping of the closed eyelids.				
Applied a protective barrier to the face and all bony prominence areas as needed.				
Ensured that the patient’s tongue was inside his or her mouth. If the tongue was swollen or protruding, inserted a bite block or an oropharyngeal airway.				
Ensured that all lines, tubes, and drains were secured. Considered using two sutureless securement devices for central lines.				
1. Repositioned all lines, tubes, and drains that were located above the patient’s waist up toward the head of the bed.				
2. Repositioned all lines, tubes, and drains that were located below the waist down toward the foot of the bed.				

Pronation Therapy – CE

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Changed dressings that were due to be changed during pronation therapy.				
Emptied ileostomy or colostomy bags before positioning. Placed a pad around the stoma to prevent direct pressure on it.				
Stopped enteral feeding unless it was a postpyloric feeding.				
Suctioned the patient’s artificial airway and oral cavity.				
Turning the Patient Prone Manually Using a Sheet – Arm Tuck Method				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient’s signs and symptoms and indications for isolation precautions				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Verified that three to five health care team members were available to assist with the procedure.				
Rolled the patient on his or her side and tucked a flat sheet under him or her.				
Attached ECG electrodes to the patient's back.				
Placed the patient flat and pulled the sheet through so that it was under him or her.				
Using the sheet under the patient, moved him or her to the edge of the bed opposite the direction of the turn.				
Prepared the patient for the turn.				
1. Turned the patient’s head so that it was facing away from the direction of the turn.				
2. Looped the ventilator tubing above the patient’s head.				
3. Crossed the patient’s leg closer to the edge of the bed over the opposite leg at the ankle.				
4. Removed the ECG electrodes from the patient’s chest.				
5. Tucked the flat sheet around the arm that would be pulled underneath the patient when the turn was executed.				
6. Positioned one arm up and one arm alongside the body while turning the				

Pronation Therapy – CE

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patient's head in the direction of the upper arm.				
7. Placed a second flat sheet on the bed and tucked it under the patient.				
On a three count, rolled the patient over into the prone position, using the sheet. If the abdomen-unrestricted position was required, inserted pillows under the head, chest, and pelvic region when the patient was tilted fully onto his or her side.				
Pulled and centered the patient in the bed. Discarded the sheet that was used to place the patient in the supine position.				
Correctly positioned all tubes, drains, and lines.				
Attached the ECG leads to the electrodes on the patient's back.				
Rotated the patient's arms parallel to the body and then placed them in a position of comfort.				
When the arm was in the up position, kept the shoulder in neutral position and the elbow at 90 degrees.				
Placed pillows under the patient's shins to raise the patient's ankles off the bed and to maintain the patient's feet in a dorsiflexed position.				
If the patient was on a low air-loss surface, adjusted the inflation as appropriate.				
Adjusted the bed to place the patient in reverse Trendelenburg position.				
Resumed the tube feeding.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
Turning the Patient Supine Manually Using a Sheet – Arm Tuck Method				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				

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Verified that three to five health care team members were available to assist with the procedure.				
Rolled the patient on his or her side and tucked a flat sheet under him or her.				
Attached ECG electrodes to the patient's chest.				
Placed the patient flat and pulled the sheet through so that it was under him or her.				
Using the sheet under the patient, moved him or her to the edge of the bed opposite the direction of the turn.				
Prepared the patient for the turn.				
1. Turned the patient's head so that it was facing away from the direction of the turn.				
2. Looped the ventilator tubing above the patient's head.				
3. Crossed the patient's leg closer to the edge of the bed over the opposite leg at the ankle.				
4. Removed the ECG electrodes from the patient's back.				
5. Tucked the flat sheet around the arm that would be pulled underneath the patient when the turn was executed.				
6. Tucked the patient's arms slightly under the buttocks.				
7. Placed a second flat sheet on the bed and tucked it under the patient. This sheet would be pulled through as the patient was turned.				
On a three count, rolled the patient over into the supine position, using the sheet.				
Pulled and centered the patient in the bed. Discarded the sheet that was used to place the patient in the prone position.				
Correctly positioned all tubes, drains, and lines.				
Attached the ECG leads to the electrodes on the patient's chest.				
Rotated the patient's arms parallel to the body and then placed them in a position of comfort.				
If the patient was on a low air-loss surface, adjusted the inflation as appropriate.				

Pronation Therapy – CE

CHECKLIST

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Adjusted the bed to place the patient in the semi-Fowler position.				
Resumed the tube feeding.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
Turning the Patient Prone Manually Using a Sheet – Jellyroll Method				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Verified that three to five health care team members were available to assist with the procedure.				
Rolled the patient on his or her side and attached ECG electrodes to the patient's back. Returned the patient to the supine position.				
Placed long gel pads on top of the patient. Used pillows if gel pads were not available.				
1. Placed a long gel pad across the patient's chest just above the level of the axilla.				
2. Placed a long gel pad across the patient's iliac crest. Did not place the pad below the iliac crest as femoral nerve compression could occur.				
3. Placed a long gel pad across the patient's thighs.				
Prepared the patient for the turn.				
1. Turned the patient's head so that it was facing the ventilator.				
2. Looped the ventilator tubing above the patient's head.				
3. Placed the patient's arms alongside of the body with the fingers pointing toward the feet. Turned the patient's hands palm down and tucked them beneath the patient's buttocks.				

Pronation Therapy – CE

CHECKLIST

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4. Crossed the patient's legs at the ankle, placing the foot opposite the ventilator on top.				
5. Removed the ECG electrodes from the patient's chest.				
Covered the patient with a sheet. Folded down the top of the sheet to expose the patient's head.				
Along both sides of the patient, grabbed the top and bottom sheets together and tightly rolled them up to the side of the patient sandwiching the patient firmly between the sheets.				
Slid the patient to the side of the bed opposite of the ventilator.				
On a three count, rolled the patient over into the prone position, tightly holding the rolled-up sheets on each side of the patient.				
Unfolded the flat sheet that was under the patient's head.				
Pulled and centered the patient in the bed.				
Correctly positioned all tubes, drains, and lines.				
Attached the ECG leads to the electrodes on the patient's back.				
Rotated the patient's arms parallel to the body and then placed them in a position of comfort.				
When the arm was in the up position, kept the shoulder in neutral position and the elbow at 90 degrees.				
Placed pillows under the patient's shins to raise the patient's ankles off the bed and to maintain the patient's feet in a dorsiflexed position.				
If the patient was on a low air-loss surface, adjusted the inflation as appropriate.				
Adjusted the bed to place the patient in reverse Trendelenburg position.				
Resumed the tube feeding.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				

Pronation Therapy – CE

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Turning the Patient Supine Manually Using a Sheet – Jellyroll Method				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient’s signs and symptoms and indications for isolation precautions.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Verified that three to five health care team members were available to assist with the procedure.				
Rolled the patient on his or her side and attached ECG electrodes to the patient's chest. Returned the patient to the supine position.				
Prepared the patient for the turn.				
1. Turned the patient’s head so that it was facing the ventilator.				
2. Looped the ventilator tubing above the patient’s head.				
3. Placed the patient’s arms alongside of the body with the fingers pointing toward the feet.				
4. Crossed the patient’s legs at the ankle, placing the foot opposite the ventilator on top.				
5. Removed the ECG electrodes from the patient’s back.				
6. Folded down the top of the flat sheet that was under the patient’s head.				
Along both sides of the patient, grabbed the top and bottom sheets together and tightly rolled them up to the side of the patient sandwiching the patient firmly between the sheets.				
Slid the patient to the side of the bed opposite of the ventilator.				
On a three count, rolled the patient over into the supine position, tightly holding the rolled-up sheets on each side of the patient.				
Pulled and centered the patient in the bed.				
Correctly positioned all tubes, drains, and lines.				
Attached the ECG leads to the electrodes on the patient’s chest.				

Pronation Therapy – CE

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Placed the patient’s arms in a position of comfort.				
If the patient was on a low air-loss surface, adjusted the inflation as appropriate.				
Adjusted the bed to place the patient in the semi-Fowler position.				
Resumed the tube feeding.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient’s record.				
Turning the Patient Prone Manually Using the Vollman Prone Positioner				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient’s signs and symptoms and indications for isolation precautions.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Positioned one health care team member on either side of the bed and a third health care team member at the head of the bed.				
Placed the straps, which secured the positioner to the body, beneath the patient’s head, chest (axillary area), and pelvic region.				
Removed the ECG electrodes from the patient’s chest.				
Attached the frame to the patient while he or she was in the supine position. Laid the frame gently on top of the patient. Aligned the chest piece to rest between the clavicle and the sixth rib.				
Adjusted the pelvic piece to rest just above the iliac crest.				
Adjusted the forehead and chin pieces to provide full facial support in a face-down or side-lying position without interfering with the ET tube. Because readjusting the head to relieve pressure points was difficult, moved both headpieces to the top of the frame.				
Fastened the positioner to the patient using the soft, adjustable straps. As the straps				

Pronation Therapy – CE

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were tightened, the cushions compressed. When the positioner was fastened, lifted it to assess whether a secure fit had been obtained. Readjusted as necessary.				
Using a drawsheet, pulled the patient to the edge of the bed opposite the direction of the turn.				
Prepared the patient for the turn.				
1. Tucked the straps on the bar between the chest and pelvic piece underneath the patient.				
2. Tucked the patient's arm and hand resting in the center of the bed under the buttocks.				
3. Crossed the patient's leg closer to the edge of the bed over the opposite leg at the ankle.				
Turned the patient to a 45-degree angle toward the designated side.				
1. The health care team member on the side of the bed toward which the patient was turned gripped the upper steel bar.				
2. The health care team member on the opposite side of the bed grasped the straps attached to the lower steel bar.				
On a three count, lifted the patient by the frame into a prone position. Ensured that the health care team member at the head of the bed supported the head and the artificial airway during the turn, while ensuring that all tubes and lines were secured.				
Loosened the straps. If the patient was unstable, kept the straps fastened securely to facilitate a safe, quick return to the supine position in the event of an emergency.				
Correctly positioned all tubes, drains, and invasive lines.				
Attached the ECG electrodes to the patient's back.				
Rotated the patient's arms parallel to the body and then placed them in a position of comfort. Placed a pillow under the ankle area.				

Pronation Therapy – CE

CHECKLIST

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If the patient was on a low air-loss surface, adjusted the inflation as appropriate.				
Adjusted the bed to place the patient in reverse Trendelenburg position.				
Resumed the tube feeding.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
Turning the Patient Supine Manually Using the Vollman Prone Positioner				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Positioned one health care team member on either side of the bed and a third health care team member at the head of the bed.				
Removed the ECG electrodes from the patient's back.				
Fastened the positioner to the patient using the soft, adjustable straps if they were loosened while the patient was prone. When the positioner was fastened, lifted it to assess whether a secure fit had been obtained. Readjusted as necessary.				
Using a drawsheet, pulled the patient to the edge of the bed opposite the direction of the turn.				
Prepared the patient for the turn.				
1. Tucked the patient's arm and hand resting in the center of the bed under the buttocks.				
2. Crossed the patient's leg closer to the edge of the bed over the opposite leg at the ankle.				
Turned the patient to a 45-degree angle toward the designated side.				
1. The health care team member on the side of the bed toward which the patient was turned gripped the upper steel bar.				

Pronation Therapy – CE

CHECKLIST

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2. The health care team member on the opposite side of the bed grasped the straps attached to the lower steel bar.				
On a three count, lifted the patient by the frame into a prone position. Ensured that the health care team member at the head of the bed supported the head and the artificial airway during the turn, while ensuring that all tubes and lines were secured.				
Loosened the straps. If the patient was unstable, kept the straps fastened securely to facilitate a safe, quick return to the supine position in the event of an emergency.				
Correctly positioned all tubes, drains, and invasive lines.				
Attached the ECG electrodes to the patient's chest.				
Rotated the patient's arms parallel to the body and then placed them in a position of comfort.				
If the patient was on a low air-loss surface, adjusted the inflation as appropriate.				
Adjusted the bed to place the patient in the semi-Fowler or reverse Trendelenburg position.				
Unfastened the positioner and removed it from the patient. Left the straps under the patient in preparation for the next turn.				
Resumed the tube feeding.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
Turning the Patient Using the RotoProne® Therapy System				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				

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After removing all removable pieces from the RotoProne surface, moved the patient from the bed to the RotoProne surface.				
Positioned the patient in the center of the surface with the head in the attached head support and the ears visible through the ear holes on the headpiece.				
Positioned all tubes and invasive lines. Added extension tubing, as necessary, to lines that were too short to be placed at the head or end of the bed.				
1. Aligned the lines inserted in the upper torso with either shoulder and positioned them at the head of the bed in the tube management system.				
2. Aligned chest tubes and lines or tubes placed in the lower torso with either leg and extended them through the center hole at the foot of the RotoProne surface.				
Followed the manufacturer’s recommendations for securing the patient on the therapy surface.				
1. Placed the leg piece and side packs on the surface. Ensured that the patient was snugly secured within the side packs.				
2. Placed the abdominal support mesh over the patient’s abdomen.				
3. Positioned the additional pads on the patient (lower leg packs over the shins, pelvic packs along the iliac crests, chest pack).				
4. Tightened the headpiece snugly around the patient’s head.				
5. Positioned all packs snugly over the patient. Tightened chest pads last because constriction of the chest might have restricted the patient’s ventilatory effort and increased peak airway pressure.				
6. Placed the face pack on the patient’s face, ensuring that the top pad was above the eyebrows and that the side pieces framed the mouth.				
On the touch screen at the foot of the bed, set therapy on the RotoProne to rotate the				

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patient into the prone position by turning the patient toward the direction of the ventilator.				
Checked the tubing, airway, and head support and pressed the corresponding button on the touch screen after each check. During the procedure, had another health care team member monitor invasive lines and ventilator tubing to ensure that they were positioned correctly. In the absence of another health care team member, used the hand control unit at the head of the bed to turn the patient so that all invasive lines and tubes were visible during turning.				
Pressed the "Rotate" button.				
Pressed the "Prone" button.				
Pressed and held the "Rotate and Lower" button until the screen changed.				
Checked the tubing, airway, head support, abdominal support, and arm slings and then pressed the corresponding button on the screen.				
Reconfirmed the position of the face pack and pressed the button on the touch screen.				
Pressed the "Prone" button and held it during the entire turning procedure. Alternatively, pressed the "Prone/Supine" button on the hand control unit. Released the button if the need arose to stop the turning procedure.				
Checked the tubing, airway, and head support and pressed the corresponding buttons on the touch screen after each check.				
Pressed the "Rotate" button. Adjusted the rotation and pause times on each side based on the patient's response to therapy.				
Pressed the "Surface Position" button.				
Placed the patient in reverse Trendelenburg position by pressing and holding the corresponding button on the touch screen until the head of the bed was tilted upward at a slight angle.				
Opened the back and foot hatches when the patient was in the prone position.				
Resumed the tube feeding.				

Pronation Therapy – CE

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Determined the length of time to leave the patient in the prone position based on his or her response to prone positioning.				
After the time in the prone position was complete, placed the patient supine for a designated time as tolerated.				
Turned the patient to the supine position.				
1. Closed all open hatches.				
2. Stopped the tube feeding.				
3. Pressed the "Supine" button.				
4. Pressed and held the "Rotate and Lower" button until the screen changed.				
5. Checked the tubing, airway, and head support and pressed the corresponding button after each check.				
6. Pressed the "Supine" button and held it during the entire turning procedure. Alternatively, pressed the "Prone/Supine" button on the hand control.				
7. Inserted the locking pin after the patient assumed the supine position.				
8. Opened the packs over the patient as needed for patient care.				
9. Carefully removed the face pack.				
Before rotating the supine patient, secured the lower leg packs and either the chest or pelvic packs over the patient.				
Rotated the patient as tolerated.				
Placed the patient in reverse Trendelenburg position, elevating the head of the bed slightly by pressing the "Surface Position" button and then pressing "Reverse Trendelenburg."				
Resumed the tube feeding.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				
Turning the Patient Prone Using the Mölnlycke® Tortoise™ Turning and Positioning System				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient's				

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signs and symptoms and indications for isolation precautions.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Verified that three to five health care team members were available to assist with the procedure.				
Placed the patient on Tortoise pad if not already in use.				
1. Rolled the patient on his or her side and slid the Tortoise pad and the proning pad under the patient.				
2. Aligned the proning pad seam with the Tortoise pad seam and the top of the pad.				
3. Attached ECG electrodes to the patient's back while on his or her side.				
If the Tortoise pad was already in place, untucked the bottom, or tail, of the pad, then continued to place the proning pad under the patient.				
1. Rolled the patient to his or her other side and pulled the pad(s) through. Returned the patient to the supine position.				
2. Attached ECG electrodes to the patient's back while on his or her side.				
Using the boosting handles, pulled the Tortoise pad to the side of the bed that the patient will be turned to.				
Using the proning pad handles, pulled the patient toward the other side of the bed.				
Placed a clean sheet over the Tortoise pad, tucking it under the proning pad.				
Prepared the patient for the turn.				
1. Turned the patient's head so that it was facing the ventilator.				
2. Looped the ventilator tubing above the patient's head.				
3. Placed the patient's arms alongside of the body with the fingers pointing toward the feet. Turned the patient's				

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hands palm down and tucked them beneath the patient's buttocks.				
4. Crossed the patient's legs at the ankle, placing the foot opposite the ventilator on top.				
5. Removed the ECG electrodes from the patient's chest.				
On a three count, rolled the patient to a prone position using the proning pad handles.				
Removed the proning pad.				
Reinserted the proning pad beneath the patient by partially turning each direction to get the pad underneath.				
Aligned the proning pad with the Tortoise pad and pulled the Tortoise pad boosting straps through the handles on the proning pad.				
Pulled and centered the patient in the bed.				
Tucked the bottom, or tail, of the Tortoise pad under the body of the Tortoise pad.				
Correctly positioned all tubes, drains, and lines.				
Attached the ECG leads to the electrodes on the patient's back.				
Rotated the patient's arms parallel to the body and then placed them in a position of comfort.				
When the arm was in the up position, kept the shoulder in neutral position and the elbow at 90 degrees.				
Placed pillows under the patient's shins to raise the patient's ankles off the bed and to maintain the patient's feet in a dorsiflexed position.				
Used the fluidized positioners to support the patient's head, make space for equipment, and to position the patient left or right.				
If the patient was on a low air-loss surface, adjusted the inflation as appropriate.				
Adjusted the bed to place the patient in reverse Trendelenburg position.				
Resumed the tube feeding.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				

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Documented the procedure in the patient's record.				
Turning the Patient Supine Manually Using the Mölnlycke Tortoise Turning and Positioning System				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.				
Verified the correct patient using two identifiers.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Verified that three to five health care team members were available to assist with the procedure.				
Untucked the bottom or tail of the Tortoise pad.				
Prepared the patient for the turn.				
1. Turned the patient's head so that it is facing the ventilator.				
2. Looped the ventilator tubing above the patient's head.				
3. Placed the patient's arms alongside of the body with the fingers pointing toward the feet.				
4. Crossed the patient's legs at the ankle, placing the foot opposite the ventilator on top.				
5. Removed the ECG electrodes from the patient's back.				
Separated the proning pad handles from the Tortoise pad handles.				
Using the proning pad handles, pulled the patient to the side of the bed toward the ventilator.				
Pulled the Tortoise pad the opposite direction.				
Placed a sheet on the Tortoise pad and tucked beneath the proning pad.				
On a three count, rolled the patient to a supine position using the proning pad handles.				
Removed the proning pad and pulled the sheet flat underneath the patient.				
Pulled and centered the patient in the bed.				

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Correctly positioned all tubes, drains, and lines.				
Attached the ECG leads to the electrodes on the patient’s chest.				
Placed the patient’s arms in a position of comfort.				
If the patient was on a low air-loss surface, adjusted the inflation as appropriate.				
Adjusted the bed to place the patient in the semi-Fowler position.				
Resumed the tube feeding.				
Used fluidized positioners to offload any areas as needed.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient’s record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____