Affix Patient Label here or record:								
Name:						 	 	
NHS No:								
Hosp No:								
D.O.B: D D / M M / Y Y Y Male Female								

## LocSSIP Procedure Safety Checklist: PRONE VENTILATION IN CRITICAL CARE

Worcestershire
Acute Hospitals
NHS Trust

(Adapted from FICM/ICS Guideline)

Before The Procedure - Proning					
Team member introductions	Υ	N			
Consultant/Senior Nurse aware	Υ	N			
Absolute contraindications	Υ	N			
Re-intubation equipment	Υ	N			
Eyes lubricated and taped	Υ	N			
Change anchor fast to tube tie	Υ	N			
ETT position checked including on latest CXR	Υ	N			
NG tube aspirated	Υ	N			
Non-essential monitoring and infusions disconnected	Υ	N			
Adequate length on remaining lines	Υ	N			
Chest drain below pt +/- clamped	Υ	N			
Assess and document skin integrity	Υ	N			
Bed checked and cleared of bungs etc.	Υ	N			
Daily hygiene completed	Υ	N			
Specific concerns discussed	Υ	N			

PaO <sub>2</sub> / FiO <sub>2</sub> ratio	
Laryngoscopy Grade	
Length ETT at teeth	
Length NG at nostril	
Airway Doctor	
Consultant in charge	

Time Out					
Minimum of 3 people plus 1 for chest drains	Υ	N			
All team members aware of role	Υ	N			
Appropriate ventilator settings	Υ	N			
Cardiovascular stability	Υ	N			
Adequate sedation (RASS -5)	Υ	N			
Adequate muscle relaxant – consider need for bolus	Υ	N			
Pillows positioned correctly and head support considered	Υ	N			

Sign Out		
ETT length at teeth/capnography	Υ	N
Monitoring re-established	Υ	N
Ventilator setting reviewed	Υ	N
Lines secured	Υ	N
Chest drains below pt + unclamped	Υ	N
Pressure areas checked:  - No pressure on eyes  - ETT not pressing on lip  - Ears not bent over  - NG not pressed against nose  - Penis between legs and catheter secured  - Lines/tubing not on skin  - Pillows correctly positioned	Y	N
Slide sheets removed and reverse trendelenburg 30°	Υ	N
NG position confirmed and enteral feed resumed	Υ	N
Post proning care bundle available	Υ	N

Signature of responsible person completing the form	
Procedure date and time	





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Worcestershire
Acute Hospitals
NHS Trust

(Adapted from FICM/ICS Guideline)

Nursing 4 hourly checks	Date:	Time / Signature	Time / Signa	ture	Time / Signature	Time / Signature	Time / Signature	Time / Signature
ETT length noted – inform med	lical team if changed							
ETT and catheter mount free from	om lips/face							
NG position noted and not cau	sing pressure to nose/face							
Eyes remain covered and free fr	Eyes remain covered and free from pressure							
Adjust head position	Adjust head position							
Lines + monitoring not causing	pressure under the patient							
Genitalia free and catheter tubing between legs								
Arms moved to alternative posi	tion							

Before The Procedure - De-Proning					
Team member introductions	Υ	N			
Consultant/Senior Nurse aware	Υ	N			
Re-intubation equipment	Υ	N			
ETT position checked	Υ	N			
NG tube aspirated	Υ	N			
Non-essential monitoring and infusions disconnected	Υ	N			
Adequate length on remaining lines	Υ	N			
Chest drain below pt +/- clamped	Υ	N			
Assess and document skin integrity	Υ	N			
Bed checked and cleared of bungs etc.	Υ	N			
Specific concerns discussed	Υ	N			

Time Out		
Minimum of 3 people plus 1 for chest drains	Υ	N
All team members aware of role	Υ	N
Appropriate ventilator settings	Υ	N
Cardiovascular stability	Υ	N
Adequate sedation	Υ	N
Muscle relaxant considered	Υ	N
Pillows positioned correctly	Υ	N

Sign Out				
ETT length at teeth/capnography	Υ	N		
Monitoring re-established	Υ	N		
Ventilator setting reviewed	Υ	N		
Lines secured	Υ	N		
Chest drains below pt + unclamped	Υ	N		
Pressure areas checked, defects recorded appropriately	Υ	N		
NG position confirmed and enteral feed resumed	Υ	N		

Signature of responsible person completing De-Proning	
Procedure date and time	



