Manual Prone Positioning (Linen Wrap Method) for Ventilated Patients

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PROCEDURE

Procedures are a series of required steps to complete a task, activity or action

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Purpose:

- To establish a standardized, evidence-informed process for turning and managing intubated and mechanically ventilated adult patients in the prone position using a manual linen wrap method when an overhead ceiling lift (OHL) is not available or not suitable within Island Health Intensive Care Units (ICUs).
- This procedure has been developed to:
  - Ensure safe, consistent, and coordinated manual proning practice across all Island Health ICUs when the mechanical lift method cannot be used.
  - Reduce variation in manual technique and minimize the risk of adverse events such as airway dislodgement, line tension, or pressure injury.
  - Promote safe body mechanics and teamwork to reduce staff injury risk during manual patient handling.
  - Support staff competency and confidence in performing manual prone positioning through standardized education and team coordination.
  - Align practice with Island Health's Adult Proning Guideline for Intubated and Mechanically Ventilated Patients and relevant external standards (for example, SCCM, CCCS, and ARDS management guidelines).
- Note: This method is used **only when an overhead lift is unavailable or unsuitable.**

Cultural Safety and Humility:

Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuu-chah-nulth, and Kwakwaka'wakw Peoples.

As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment.

The organization is committed to strengthening diversity, equity and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.

Scope:

- **Audience:**
  - Most Responsible Physicians (MRPs), Intensivists, Registered Respiratory Therapists (RRTs), Registered Nurses (RNs), Physiotherapists (PTs), and other critical care-trained staff involved in the care of intubated and mechanically ventilated adult patients.
- **Environment:**
  - Island Health-wide.
  - Adult Intensive Care Units (ICUs) only, where invasive mechanical ventilation, continuous hemodynamic monitoring, and an overhead ceiling lift (OHL) system are available.
- **Indications (When this document is to be used):**
  - Intubated and mechanically ventilated adult patients with severe ARDS or refractory hypoxemia (PaO2/FiO2 less than or equal to 150) despite optimal PEEP and lung-protective ventilation strategies.
  - When proning has been clinically indicated and approved by the attending physician and the interdisciplinary ICU team.
- **Exceptions (when this document is NOT to be used):**

- Elevated intracranial pressure.
- Unstable cervical spine or spinal fracture.
- Recent or unstable facial, orbital, or tracheal surgery or trauma.
- New pacemaker insertion (less than 48 hours).
- Pregnancy (second or third trimester).
- Open abdomen or recent major abdominal surgery.
- Massive hemoptysis or high risk of airway bleeding.
- Anterior chest tube with ongoing air leak.
- Neonatal or pediatric patients (refer to pediatric proning protocols).

Outcomes:

- Standardized and safe manual proning practice across Island Health ICUs when an overhead lift (OHL) is unavailable or unsuitable.
- Reduced risk of staff injury through coordinated team movement and proper body mechanics.
- Improved patient safety through consistent technique, airway protection, and controlled manual handling.

1.0 Equipment

- Pillows for placement under the chest, pelvis, and below the knees or shins (quantity based on patient size and support needs).
- Bed linens, including a clean flannel sheet (used as part of the linen wrap), standard sheets, and absorbent pads.
- Emergency airway and reintubation equipment.
- Cardiac monitor and defibrillation pads.
- Emergency medication and resuscitation equipment.
- Suction equipment and ventilator circuit with adequate slack for turning.

NOTE:

- Do not use extra slings, foam head positioners, or repositioning wedges for this method.
- All supports and linens must be organized and in place prior to initiating the turn.

2.0 Procedure

2.1 Manual Prone Positioning (Linen Wrap Method) for Ventilated Patients

2.1.1 Patient Preparation

1. Confirm sedation and analgesia plan prior to turning; administer additional agents as ordered.
2. Ensure a physician skilled in intubation is available on the unit and aware that proning is occurring.
3. Organize all required equipment as listed in the equipment section, ensuring accessibility and functionality.
4. Remove the patient's gown as appropriate to prevent entanglement during repositioning.
5. If continuous cardiac monitoring is required due to hemodynamic instability, reposition ECG leads to the upper arms or lateral chest to maintain access once prone.
6. Perform oral, eye, and skin care; cleanse the anterior surface prior to turning.
7. Perform a head-to-toe assessment, paying particular attention to pressure points and skin integrity.

8. Disconnect or secure non-essential lines and equipment as appropriate.
9. Verify line and tube security (airway, vascular, drains, catheters).
10. Orient vascular lines according to insertion site:
    - Lines inserted above the waist (for example, neck, upper extremity) should be directed toward the head.
    - Lines inserted at or below the waist (for example, femoral) should be directed toward the feet and positioned medially between the legs.
    - This alignment maintains consistent line direction with body movement, minimizing the risk of tension or kinking.
11. Confirm and document insertion length prior to repositioning (for example, NG/OG, ETT).
12. Assess patient tolerance and aspiration risk before the procedure. If clinically tolerated, enteral feeds may continue. If intolerance or hemodynamic instability is present, pause and resume once the patient is safely positioned. Consult a Registered Dietitian as needed.
13. Place a clean flannel sheet, standard sheet, and absorbent pad beneath the patient to form the linen wrap layers.
14. Ensure eyes are protected and lubricated.
15. Secure the airway and monitoring cables with enough slack to allow movement.
16. Apply protective dressings to bony prominences and pressure areas.
17. Confirm that all lines, tubes, and supports are correctly oriented before initiating the turn.

2.1.2 Pre-Brief – Pronation (Manual Prone Positioning / Linen Wrap Method)

1. Confirm team members, roles, and responsibilities for the procedure.
2. Designate a team leader to coordinate the turn. This individual should be experienced and confident in leading the proning process, ensuring clear communication and safety throughout.
3. Identify the airway manager, who may also serve as team leader or work in close coordination with them.
4. Review the airway management plan and confirm who will control the airway during the turn.
5. Verify the indication for proning, anticipated duration, and target positioning parameters (for example, reverse Trendelenburg 15 to 30°).
6. Review potential risks and mitigation strategies, including airway dislodgement, hemodynamic instability, pressure injury, and line or catheter dislodgement.
7. Ensure adequate sedation and analgesia have been administered; consider neuromuscular blockade if indicated for safety.
8. Confirm physician presence or immediate availability, ensuring a clinician skilled in airway management is aware that proning is occurring.
9. Verify that all necessary equipment is available and functioning, including ventilator tubing, suction, monitoring, linen layers, Z-slider, absorbent pads, and emergency airway equipment.
10. Review the turn sequence and communication commands (for example, “1, 2, 3, turn”) to maintain synchronized movement.
11. Establish a plan for emergency airway management or rapid return to supine if clinically indicated.
12. Confirm readiness of all team members and verbalize readiness before initiating movement.

13. Encourage all staff to review the educational video on the Island Health learning platform prior to performing the procedure to reinforce correct technique, safety, and coordination.

2.1.3 Preparing for Turn

Steps	Rationale
1. Prepare all linens and positioning surfaces before initiating the turn (clean bottom sheet if used, flannel under patient, absorbent pad under groin).	Provides a friction-reducing, moisture-absorbing base to minimize shear and facilitate safe movement.
2. Confirm all required pillows are available and ready for placement (under chest/shoulders, pelvis, below knees/shins).	Ensures supports are prepared in advance since repositioning after turning is limited.
3. Ensure the patient's arms, gown, lines, and equipment are organized and free of entanglement before beginning.	
4. Note: Do not use an overhead lift, extra sling, foam head positioner, or repositioning wedges with this method.	Maintains consistency with manual technique and prevents excess bulk beneath patient.

2.1.4 Position Repositioning Devices Beneath Linen Layers

Steps	Rationale
1. Arrange all supports between the linen and the patient: pillow under chest/shoulders (below clavicles), pillow at pelvis/hips, pillow under knees/shins, absorbent pad under groin, linen or absorbent layer positioned under face.	Ensures correct placement of supports that will align automatically once the patient is prone.
2. Confirm that all supports are correctly aligned and lying flat before turning, as adjustments will be limited once the patient is prone	Allows final adjustments while accessible; repositioning later is difficult.

2.1.5 Apply Top Linens

Steps	Rationale
1. Place a clean sheet over the patient and pillows, fold to upper chest keeping face uncovered.	Maintains patient privacy and readiness while ensuring visibility of airway.
2. Roll sheet edges tightly together on both sides to form a secure linen wrap ("burrito") around the patient and supports.	Stabilizes the patient and supports during the turn, keeping all elements aligned.

Steps	Rationale
3. Confirm that the patient, linens, and supports form a single stable bundle, ensuring all components remain aligned during the turn.	Promotes coordinated, even rolling and prevents internal shifting.

2.1.6 Position Patient for Turning

Steps	Rationale
1. Turn the head toward the ventilator side to protect the airway and provide adequate space for tubing.	Prevents ETT tension and ensures visibility of the airway during rotation.
2. Position the arms straight along the sides of the body, with fingers pointing toward the toes, and tuck the hands gently beneath the torso.	Keeps arms clear so they emerge comfortably free after proning.
3. Slide the patient laterally toward the bed edge opposite the ventilator.	Creates space for a controlled, safe roll toward the ventilator side.

2.1.7 Final Safety Checks Before Turning

Steps	Rationale
1. Confirm that the airway is secure and that all lines, tubes, and monitoring cables have sufficient slack for the turn.	Prevents accidental dislodgement or tension during turning.
2. Ensure all team members understand the turn sequence and maintain a clear line of sight to the patient and the team leader.	Promotes coordinated, synchronized movement under the leader's command.
3. Verify that all repositioning supports beneath the linens are correctly aligned, flat and not bunched.	Prevents pressure points and uneven support once prone.
4. Confirm that sedation, analgesia, and neuromuscular blockade are adequate, and ensure a physician and designated airway manager are present or immediately available.	Reduces risk of coughing, movement, or airway compromise during the turn.

2.1.8 Perform Pronation

Steps	Rationale
1. On the Airway Manager's count, the team log-rolls the patient onto the side in one coordinated motion.	Provides smooth, controlled rotation while maintaining alignment.
2. Pause in side-lying to reassess the airway, ETT, and the team can verify that all vascular lines and drains remain secure.	Confirms continued airway and line security before proceeding.

Steps	Rationale
3. Continue the controlled roll into the prone position, maintaining neck alignment and ensuring the endotracheal tube remains secure throughout the maneuver.	Ensures airway integrity and safe completion of the turn.
4. Confirm the patient's head is positioned toward the ventilator and that the ventilator circuit is untwisted and unobstructed.	Maintains ventilation and prevents circuit strain.

2.1.9 Adjust Once Proned

Steps	Rationale
1. Confirm correct placement of pillows (under chest/shoulders, pelvis, below knees/shins).	Ensures pre-placed supports are functioning as intended.
2. Position head toward ventilator with absorbent pad or folded linen beneath face; avoid direct pressure on eyes, nose, ears.	Protects airway and facial structures while maintaining neutral alignment.
3. Adjust arms into swimmer's position—same side as head turn flexed 80 to 90 degrees, opposite arm alongside body, palm up.	Reduces shoulder strain and promotes comfort; allows alternating positions every 2 to 4 hours.
4. Confirm genitalia and breast positioning to prevent torsion, pinching or pressure.	Prevents tissue injury or ischemia.
5. Assess overall alignment: shoulders relaxed, hips neutral, knees flexed 15 to 30 degrees, feet neutral.	Distributes pressure evenly and supports normal joint angles.
6. Apply protective dressings to bony prominences as indicated	Minimizes risk of pressure injury during prolonged prone periods.
7. Place bed in reverse Trendelenburg (15 to 30°).	Improves oxygenation and reduces aspiration risk.
8. Reassess enteral feeding tolerance; pause if signs of intolerance or instability occur.	Maintains nutrition safely without aspiration.
9. Engage PT/OT if required; individualize for patient limitations or contractures.	Promotes long-term musculoskeletal safety and comfort.

2.1.10 Final Checks

Steps	Rationale
1. Reconnect all monitoring equipment and essential lines; secure or reconnect non-essential tubing as appropriate.	Restores full monitoring and ensures all systems are functional.

Steps	Rationale
2. Confirm airway patency, ventilator settings, and oxygenation following turn.	Verifies effective ventilation after repositioning.
3. Reassess patient tolerance for prone position and hemodynamic stability.	Detects early signs of intolerance or compromise.
4. Confirm Foley catheter, drains, and vascular lines are unobstructed, correctly oriented and free of tension.	Prevents kinking or occlusion of critical lines.
5. Document time of proning, staff involved, patient tolerance, and any complications in the record. Consult the Clinical Documentation Policy for further information.	Ensures accurate documentation for accountability and continuity of care.

⚠ **Safety Note:**
Because pillows and supports are pre-placed, precise repositioning is more difficult than with the OHL method. Staff must align supports carefully before the turn and perform a thorough post-proning assessment to verify optimal positioning and skin protection.

2.2 Repositioning While in the Prone Position – Manual Lift Technique

Steps	Rationale
1. Maintain airway control **a.** The team leader holds the patient's head and secures the artificial airway throughout the maneuver.	Ensures continuous airway control and prevents accidental extubation during movement.
2. Create space for head repositioning **a.** The Primary RN and an assisting staff member boost the patient upward so the head extends slightly off the top of the mattress.	Provides adequate space for safe head rotation toward the ventilator side.
3. Rotate the head **a.** The leader gently rotates the patient's head to the opposite side while maintaining airway control and stability of the endotracheal tube.	Allows safe head repositioning by the person at the head of bed while ensuring the endotracheal tube remains secure.
4. Return patient to center of bed **a.** The Primary RN and assisting staff slide the patient back down the bed so the head is again fully supported on the mattress.	Re-centers the patient and restores full head and neck support following repositioning.
5. Final adjustments **a.** Straighten and smooth all linens beneath the patient.	**a.** Removes wrinkles that can cause pressure injury or discomfort. **b.** Promotes balanced pressure distribution and reduces risk of shear injury.

Steps	Rationale
b. Ensure the patient's body is centered on the bed. **c.** Reposition limbs into a "swimmer's position."	**c.** Alternating arm and head positions redistributes pressure, reduces shoulder strain, and maintains proper alignment.

⚠ Key Safety Points

- Maintain airway control at all times—**the leader must not release the head or airway** until the patient is safely repositioned.
- Always rotate the head **toward the ventilator** to reduce circuit tension and maintain visibility of the airway.
- Perform this maneuver **with at least three trained staff** to ensure safe, coordinated movement.

2.3 Supination using Manual Prone Positioning (Linen Wrap Method)

⚠ Safety Notes

- All supports must be positioned *before* the turn; fine adjustments afterward are limited.
- Proceed slowly with deliberate coordination; additional staff should assist for unstable or high-risk patients (e.g., obesity, multiple lines, high FiO_2).
- A physician skilled in intubation must be present on the unit and aware of the procedure.

2.3.1 Patient Preparation

1. Confirm sedation and analgesia plan prior to turning; administer additional agents as ordered to prevent coughing or movement during the turn.
2. Ensure a physician skilled in intubation is available on the unit and aware that supination is occurring.
3. Organize all required equipment as described in the equipment section, ensuring accessibility and functionality.
4. Inspect the patient's posterior surface for pressure areas, skin breakdown, or device-related injury; provide skin care as required.
5. Verify line and tube security (airway, vascular, drains, catheters).
6. Orient vascular lines according to insertion site:
   - Lines inserted above the waist (for example, neck, upper extremity) should be directed toward the head.
   - Lines inserted at or below the waist (for example, femoral) should be directed toward the feet and positioned medially between the legs.
   - This orientation maintains consistent line direction with body movement, minimizing the risk of tension or kinking.
7. Confirm and document insertion length prior to repositioning (for example, NG/OG, ETT).
8. Assess patient tolerance and aspiration risk prior to turning. If clinically tolerated, enteral feeds may continue. If intolerance or hemodynamic instability is present, pause and resume once the patient is safely positioned. Consult a Registered Dietitian as needed.

9. Disconnect or secure non-essential lines and equipment as appropriate.
10. Ensure the airway and monitoring cables have sufficient slack to allow movement.
11. Apply or adjust protective dressings to bony prominences and pressure areas.
12. Confirm that all lines, tubes, and supports are correctly oriented and secured before initiating the turn.
13. Verify team readiness and ensure communication cues are clear before proceeding.

2.3.2 Pre-Brief

1. Confirm team members, roles, and responsibilities for the procedure.
2. Designate a team leader to coordinate the turn. This individual should be experienced and confident in leading the supination process, ensuring clear communication and safety throughout.
3. Identify the airway manager, who may also serve as the team leader or work in close coordination with them.
4. Review the airway management plan and confirm who will maintain airway control during the turn.
5. Verify the indication for supination, such as completion of the prone cycle, improved oxygenation, or a clinical change requiring repositioning.
6. Review potential risks and mitigation strategies, including airway dislodgement, hemodynamic instability, accidental line removal, or pressure injury.
7. Ensure adequate sedation and analgesia have been administered; consider neuromuscular blockade if indicated for patient and staff safety.
8. Confirm physician presence or immediate availability, ensuring a clinician skilled in intubation is aware that supination is occurring.
9. Verify all necessary equipment is available and functioning, including ventilator tubing, suction, monitoring, linens, Z-slider, and emergency airway equipment.
10. Review the turn sequence and communication commands (for example, “1, 2, 3, turn”) to maintain synchronized movement.
11. Establish a plan for emergency airway management or return to prone if clinically required.
12. Confirm readiness of all team members and verbalize readiness before initiating the turn.
13. Encourage staff to review the educational video on the Island Health learning platform prior to performing the procedure to reinforce safe technique, coordination, and communication.

2.3.3 Prepare Linens and Positioning Surfaces

Steps	Rationale
1. Prepare linens and positioning surfaces before initiating the turn. If a bottom sheet is used on the mattress, ensure a clean sheet is applied.	Provides a smooth, clean surface for turning and prevents skin shear or contamination.
2. Gather required pillows for post-turn support (under shoulders, pelvis, and below knees).	Ensures immediate availability of supports to maintain alignment after the turn.

Steps	Rationale
3. Place a clean sheet over the patient to form the upper layer of the linen wrap and fold it down to the chest, keeping the face uncovered.	Allows safe preparation for wrapping without obscuring the airway or face.
4. Note: The Overhead Lift (OHL), extra sling, Z-slider, and foam head positioner are not used with this method.	Maintains method consistency and prevents excess bulk under the patient.

2.3.4 Confirm Airway, Sedation and Team Readiness

Steps	Rationale
1. Verify sedation, analgesia, and neuromuscular blockade are sufficient for the turn.	Prevents coughing, agitation, or unsafe movement during repositioning.
2. Confirm airway securement, ventilator tubing slack, and line orientation.	Minimizes risk of extubation or line traction.
3. Ensure a physician skilled in intubation is available on the unit and aware that the patient is being supinated.	Provides immediate airway expertise if complications occur.
4. Designate the team leader and identify the airway manager.	Ensures clear leadership, accountability, and coordinated communication.

2.3.5 Position Linens for the Linen Wrap

Steps	Rationale
1. Roll sheet edges tightly on both sides to create a secure linen wrap (“burrito”).	Forms a stable “burrito” to contain patient and linens during turning.
2. Slide the patient laterally toward the ventilator side of the bed to create space to turn back toward the opposite side.	Provides clearance to complete the rotation safely.

2.3.6 Conduct Pre-Turn Assessments

Steps	Rationale
1. Inspect anterior skin surfaces (face, chest, knees) for pressure injuries or device marks.	Detects pre-existing pressure areas before turning.
2. Verify line and tube orientation: lines above the waist directed toward the head; lines below the waist directed toward the feet, positioned medially between legs.	Prevents line crossing, kinking, and tension during movement.
3. Pause enteral feeding if intolerance, instability, or other concerns are present.	Reduces aspiration risk during turning.

Steps	Rationale
4. Perform oral suctioning and confirm airway security prior to movement.	Maintains airway patency and reduces secretion-related complications.

2.3.7 Team and Safety Check

Steps	Rationale
1. Review turn sequence and verbal commands (e.g., "1, 2, 3, turn").	Promotes synchronized team movement and safety.
2. Confirm team roles, hand placement, and line of sight to the patient.	Ensures coordination and situational awareness.
3. Ensure pillows are positioned on the supine side of the bed, ready for use post-turn.	Facilitates immediate support once the patient is supine.

2.3.8 Perform Supination

Steps	Rationale
1. On the Airway Manager's count, log-roll the patient into a side-lying position in one coordinated motion.	Maintains spinal and airway alignment during movement.
2. Pause in side-lying to reassess ETT, airway, and lines for security and patency.	Confirms safety before completing the roll.
3. Continue the roll from prone to supine, maintaining neck alignment and airway control.	Ensures smooth transition and airway stability.
4. Once supine, reposition ventilator tubing and airway devices to prevent kinking or traction.	Prevents airflow obstruction or circuit tension.

2.3.9 Adjust Once Supine

Steps	Rationale
1. Reposition pillows under shoulders, pelvis, and knees to maintain natural alignment.	Provides balanced support and prevents hyperextension or pressure points.
2. Position the head and airway in a neutral midline position.	Promotes airway stability and comfort.
3. Adjust arm position comfortably at the sides or slightly abducted with palms up.	Prevents nerve compression and shoulder strain.
4. Confirm genitalia and breast positioning to prevent torsion or pressure.	Confirm genitalia and breast positioning to prevent torsion or pressure.

Steps	Rationale
5. Assess overall body alignment: shoulders relaxed, joints neutrally positioned, hips and knees supported, feet neutral.	Assess overall body alignment: shoulders relaxed, joints neutrally positioned, hips and knees supported, feet neutral.
6. Inspect skin for pressure areas or erythema, particularly on previously dependent surfaces.	Inspect skin for pressure areas or erythema, particularly on previously dependent surfaces.
7. Apply or readjust protective dressings to bony prominences as indicated.	Apply or readjust protective dressings to bony prominences as indicated.
8. Adjust bed to 30–45 degree head elevation unless contraindicated.	Promotes oxygenation and reduces aspiration risk.
9. Reassess enteral nutrition; resume if tolerated once stable.	Ensures safe continuation of feeding and GI function.
10. Engage PT/OT if required to reassess positioning or support needs.	Provides expert input for prolonged proning or mobility plans.

2.3.10 Final Checks

Steps	Rationale
1. Reconnect monitoring and essential lines; confirm all waveforms and signals are functioning correctly.	Restores complete physiologic monitoring.
2. Confirm airway patency, ventilator settings, and hemodynamic stability.	Ensures effective ventilation and circulation post-turn.
3. Verify overall comfort and alignment: head midline, ETT secured, tubing free of tension.	Confirms optimal patient safety and comfort.
4. Complete post-turn assessment and documentation (time, staff, tolerance, complications). Consult the Clinical Documentation Policy for further information.	Ensures accurate recordkeeping and continuity of care.

3.0 Definitions

- **Airway Manager:** The clinician responsible for maintaining airway security and ventilation throughout the proning or supination procedure. Typically a Registered Respiratory Therapist (RRT), Intensivist, or RN trained in advanced airway management.
- **Bed "Code Mode" or "CPR Mode":** A bed function that maximizes mattress inflation or firmness to allow effective chest compressions during cardiac arrest.
- **Critical Care–Trained Staff:** Registered Nurses (RNs), Respiratory Therapists (RRTs), or Physiotherapists (PTs) who have completed critical care orientation and are competent in assisting with proning procedures.
- **Linen Wrap Method (Manual Prone Positioning):** A manual technique for turning an intubated and ventilated patient from supine to prone (or back to supine) using sheets, flannel, and pillows to support and protect the patient. This method is used **only when an overhead lift is unavailable or unsuitable.**

- **Swimmer's Position:** Arm and head placement used when the patient is prone: the arm on the same side as the head turn is abducted to approximately 80 to 90° with the elbow flexed, while the opposite arm rests alongside the body. The head is turned toward the flexed arm.
- **Reverse Trendelenburg:** A bed position where the head is elevated 15 to 30° above the feet to promote oxygenation and reduce aspiration risk in the prone position.
- **Z-Slider (or Repositioning Sheet):** A friction-reducing device placed between linen layers to facilitate smooth movement and reduce shear forces during manual turning.
- **Protective Dressings:** Foam or silicone-based dressings applied to bony prominences or pressure-prone areas to reduce the risk of skin breakdown during prolonged proning.
- **Team Leader:** The designated clinician responsible for coordinating the proning procedure, assigning roles, giving commands, and ensuring safety throughout the turn.
- **Neuromuscular Blockade:** A pharmacologic agent administered to eliminate patient movement and prevent ventilator dyssynchrony during proning or repositioning.
- **Enteral Feeding (Feeds):** Nutrition administered via nasogastric (NG) or orogastric (OG) tube; may continue during proning if tolerated, or be paused if intolerance or instability occurs.

4.0 Related Island Health Policy Documents

- Clinical Documentation Policy
- Mechanical Prone Positioning (Overhead Lift) for Ventilated Patients Procedure
- Prone Positioning for Ventilated Patients Guideline

5.0 References

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6.0 Resources

- None