Checking All the Right Boxes: The Development of a Checklist for Prone Positioning of the Adult Critical Care Patient

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Background

In June 2013, new data was published showing an increased survival rate in patients with severe ARDS who were prone.1 With this new data, the Critical Care Unit’s Education & Practice Council anticipated increased use of prone positioning which had rarely been used within our unit over the last few years. In January 2014, we conducted a staff survey to explore staff comfort and knowledge related to prone positioning in patients with ARDS. The data below represents the results of our survey:

- 40% of RN staff surveyed had never prone a patient
- 43% of RN staff were ‘not comfortable’
- 24% were aware that research indicates prone positioning is beneficial for patients with severe ARDS
- 13% of staff were aware of what to do in event of cardiac arrest

Objective

To develop a comprehensive checklist to standardize practice, improve overall staff comfort and patient safety when placing a patient in the prone position.

Methods

A draft checklist was developed by:
- Reviewing current literature to identify complications of prone positioning and nursing strategies to mitigate these complications
- Reviewing our department’s previous prone positioning guideline, guidelines from other health care facilities and practices in the OR
- Watching YouTube videos showing different techniques for placing a patient in the prone position
- Engaging the interdisciplinary team for input and feedback

Trialing the checklist on several ICU patients for a total of 20 prone sessions
- Revising the checklist based on feedback from front-line staff
- Presenting our checklist and its use at the “Critical Care Gathering”

The checklist and accompanying guideline provides a step-by-step, systematic process appropriate for novice to expert staff. By including the interdisciplinary team from the onset of its development the checklist meets the needs and concerns of each discipline involved in the care of the prone patient.

The checklist addresses patient safety by focusing on interventions to prevent possible complications prior to initiating the prone position, e.g. pressure ulcers, line dislodgement, corneal abrasions, etc. It includes routine monitoring, assessment and a plan of care for patients in the prone position. Most importantly, our guideline differs from others reviewed in that it includes direction for what to do in the event of a cardiac arrest consistent with 2010 AHA guidelines, a rare but critical complication that we felt required clear direction for staff.

The guideline and checklist were finalized in July 2014.

Prior to the simulation training staff were able to list an average of 2.4 complications. Following the simulation training staff listed an average of 4 complications. All staff in attendance found the simulation sessions helpful. All staff overwhelmingly endorsed the checklist for its usefulness and practicality.

References