**Pressure Injury Prevention for the Prone Patient**

**Pressure Injury prevention tips for the Proned patient.**

Use the Proning Checklist for how to physically prone a patient that is located on the COVID Toolbox under “Nursing Resources”

**Pre Proning**

Apply foam dressing (Allevyn/Mepilex) using the following steps:

- Ensure the skin is dry where dressings will be applied
- Apply 3M Cavilon skin barrier film to skin where dressing borders will be placed. Do not apply under foam. This is to assist with adherence
- Allow 3M Cavilon skin barrier film to dry for 30 seconds before applying foam dressing
- Apply foam dressing to ears, forehead, nose, cheeks (if possible), chin, shoulders, sternum, hips, knees, shin, and ankles
  
- Do not apply over barrier creams
- Lay the dressing down without pulling or stretching to avoid tension
- Caution with removal of dressings under the ETT holder (when used)
- Refer to Allevyn/Mepilex size guide for each location
- If dressing adherence is an issue (especially with diaphoretic patients) apply 3M Cavilon skin barrier film over dressing edge ½ on dressing and ½ on intact skin
- Upon removal gently pull skin taught and pull dressing edge low and parallel to the skin, to avoid skin tears

Remove statlock and secure catheter with tape only
During Proning:
- If possible, move EKG electrodes from the chest to the back

While Prone:
- Place the patient in **REVERSE TRENDELENBURG** if possible (pending patient’s oxygenation and blood pressure) once they are proned to help prevent facial edema and aspiration
- In order to prevent pressure injuries, neck stiffness, and to redistribute blood flow, reposition patient’s head every 2 hours or more frequently as able

**Utilize one of the following supportive devices to prevent pressure injuries:**

- Horseshoe pillow with pillowcase: should be rotated every 2 hours with head repositioning
- Z-flo pillow with pillowcase: should be re-molded to patient’s face every 2 hours with head repositioning
- Pillows under chest, thighs, and/or shins depending on patient’s body habitus

May place AirTap (Patient Repositioning System) on top of the pillows prior to proning to wrap it in the sheet so the device is under the patient once patient is prone

• ReRotate head side to side Alternate arms in swimmers’ position. Be mindful of not hyperextending arms/shoulders potentially creating nerve issues

SWIMMING/FREESTYLE POSITION
- Patients in standard prone position can be repositioned using the swimming position.
- Alternate the position of the arms and direction of the head, in a manner that is similar to that of a freestyle swimmer.
- Pressure points on the diagram correspond to the body surface facing the mattress.

Reposition using TAP (Patient Repositioning System) wedges or pillows as able
• Place pillows under chest, hips, thighs, and/or calves to relieve pressure to all pressure points (see below). May double up two pillows in one pillowcase in order to prevent sliding

PRESSURE POINTS
- Forehead
- Cheeks
- Nose
- Chin
- Clavicle/shoulder
- Elbow
- Chest/breasts
- Genitalia/pubic
- Anterior pelvic bones (Ischium, symphysis pubis)
- Knees/patella
- Dorsal feet & toes
- Under/around medical devices

Document prone positioning and offloading every 2 hours in the flowsheets (Flowsheets → Patient Care → Mobility → Positioning)
## Ordering information

- Z-flo: IREQ #539497/Lawson # 451192 Adult Positioner Utility (single patient use).
- Horeshoe: IREQ #516734 Donut positioning Horseshoe (multiple patient use/re-usable).

### PRONE KIT

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<th>Description</th>
<th>Lawson</th>
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