

APRIL 2020

# PRONING USING SAFE PATIENT HANDLING & MOBILITY EQUIPMENT

ALTERNATIVE METHODS



Hillrom™

# Overview

Proning patients with Acute Respiratory Distress Syndrome (ARDS) may increase oxygenation and reduce mortality, but the practice is difficult to perform manually.

Safe Patient Handling & Mobility (SPHM) equipment can make proning feasible by taking away the heavy lifting and allowing you to protect your patients.

# Alternative Methods

In this presentation we will discuss two methods of proning a patient using Hillrom™ Safe Patient Handling & Mobility equipment; these alternatives allow you to use fewer caregivers with less physical stress.

1. Using a Liko® lift and two MultiStrap™ accessories
2. Using a Liko® HandyTube™ Long Manual Repositioning Aid when no lifting equipment is available

In both methods, a minimum of three caregivers is recommended, but others may possibly be needed depending on circumstances.

## Variables

Every patient and situation is different. Be sure to consider the following:

- Patient size
- Morphology
- Weight
- Condition

# Products Referenced

For the MultiStrap™ Aid method using a Liko® lift:

3695915-2 : Solo MultiStrap™ Standard aid

3695916-2 : Solo MultiStrap™ Wide aid

3695116 : MultiStrap™ Wide - launderable aid

*Optional* – Extension Loops to add additional length to the MultiStrap™ aid:

3691102 : Extension Loops, 12cm

3691103 : Extension Loops, 22cm

For HandyTube™ Aid method without using a lift:

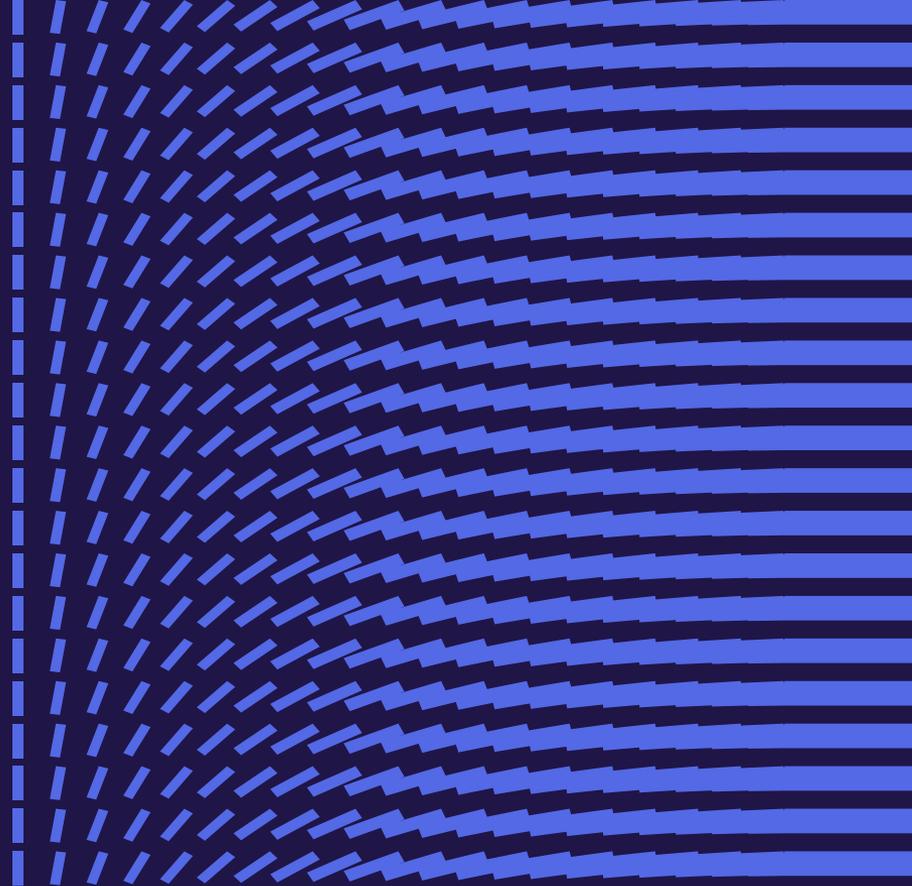
3711015 : HandyTube™ Long Manual Reposition Aid

# Safety First

Please read the Instructions for Use for both the Hillrom™ Lift as well as the MultiStrap™ and HandyTube™ accessories used in these proning applications.

Using these products in accordance with Hillrom instructions contributes to safe mobility for you and your patients.

# MULTISTRAP™ ACCESSORY METHOD

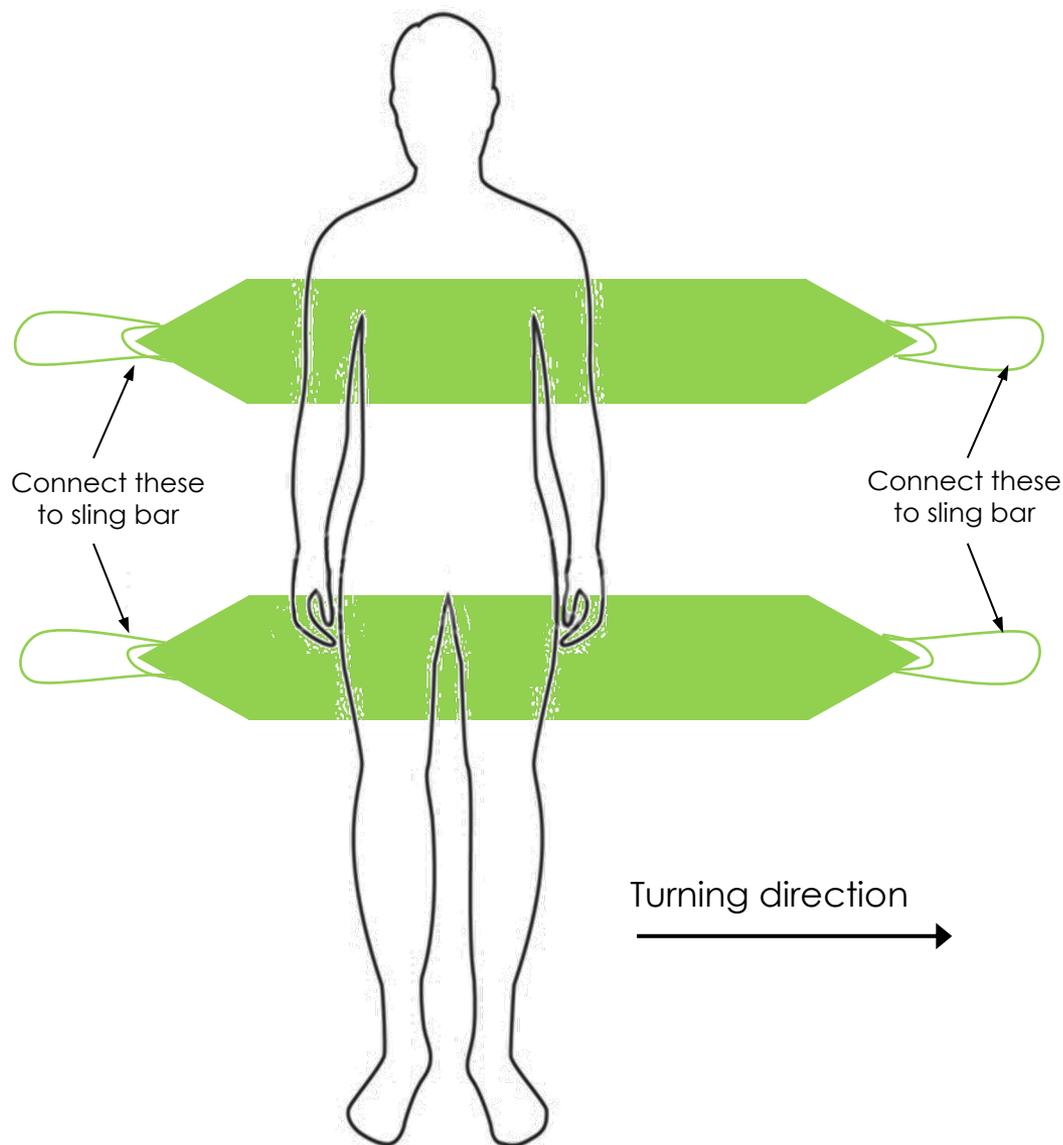


# Preparation

This method uses two Hillrom MultiStrap™ accessories.

The straps are placed under the patient, **with the patient approximately 12 inches off center**. Adjust the position based on patient size.

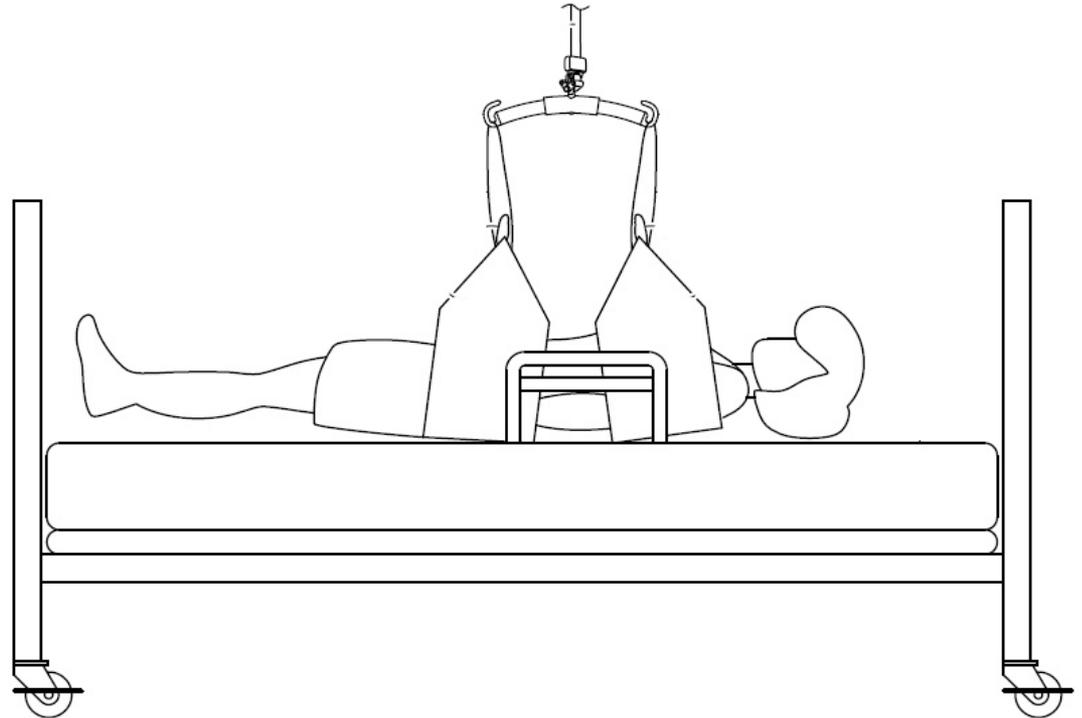
The longer and shorter loops on each end of the strap are selected to further create a shorter and longer length to help rotate the patient when lifted.



# Preparation

The patient will turn in the direction of the long side of the strap.

It is important to plan which direction the patient will turn and **adjust ventilator equipment, attached tubing, leads and lines so there is enough slack** during the movement.



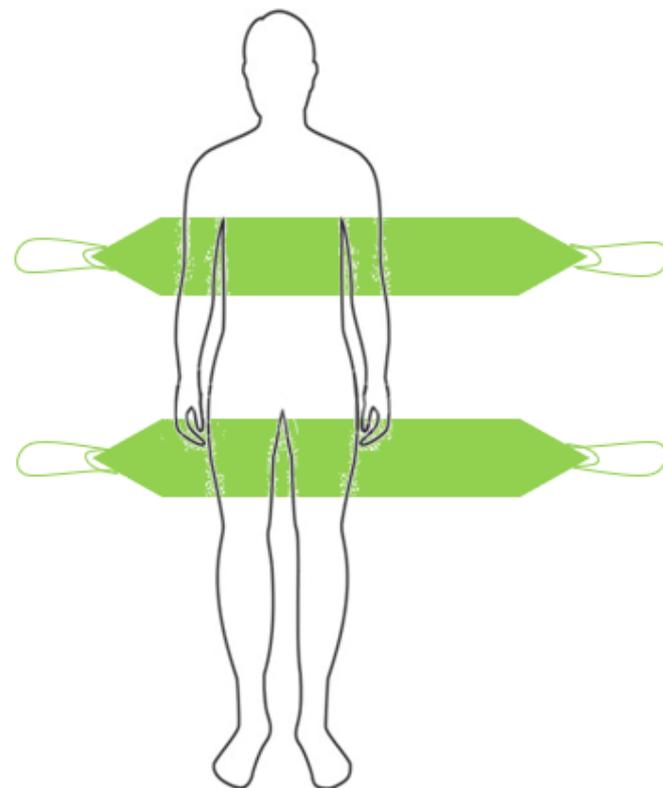
# Placing the MultiStrap™ Aids

Raise the bed to a proper working height and lower the siderails.

Place hand into pocket of MultiStrap™ and push into the mattress surface to mitigate skin shear for proper placement.

When placed, the **top of the upper strap should be under the armpit and the top of lower strap should be near the greater trochanter.**

Placing the straps under larger patients may be enabled by using the Liko® HandyTube™ or HandySheet™ aids to reduce friction during MultiStrap™ placement.



# Getting Patient to Prone Position

Lower the slingbar to connect the loops of the MultiStrap™ aid, taking care to ensure the strap is seated properly on the slingbar.

The slingbar is rotated so that it is parallel to the length of the patient.

One caregiver raises the slingbar until there is tension in the straps, then the team **confirms that all of the required loops are secure in the slingbar.**

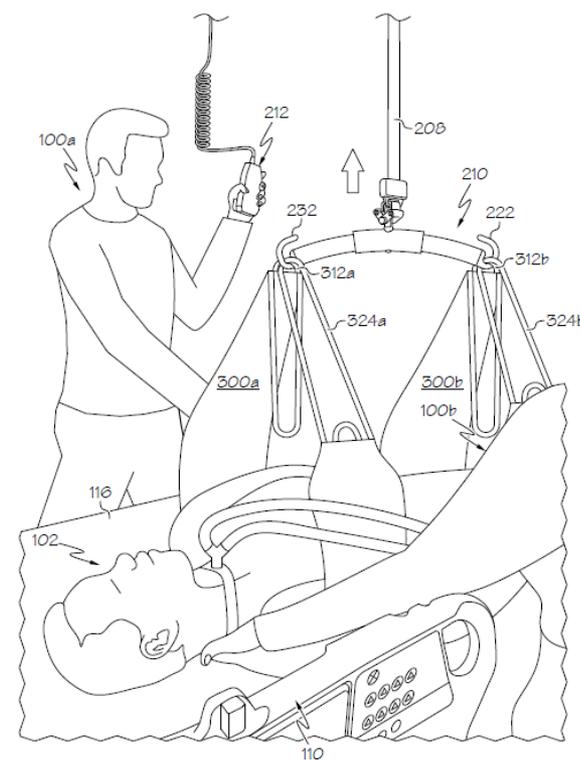


FIG. 9A

# Getting Patient to Prone Position

Position the patient's limbs to prepare for turning. For example, if a patient is being turned to the right, the left leg and arm are crossed over patient. And the right arm is tucked to the side.

At this point, the patient is ready to be lifted.

The caregiver on one side will operate the lift, while the other caregiver **monitors the lines and patient's response.**

The caregiver at the head of bed will monitor the patient's head and airway.

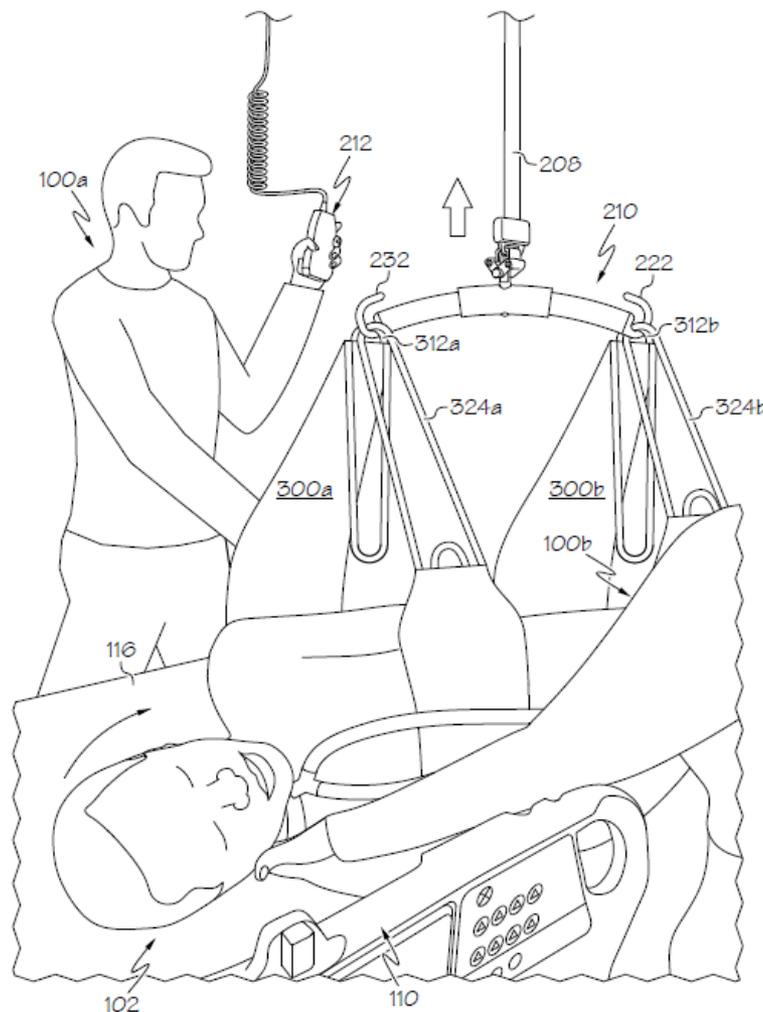


FIG. 9B

# Getting Patient to Prone Position

Upon lifting, the patient will begin to rotate to the side.

The lift movement is slow and controlled.

Lift the patient high enough so they are easy to slide, but do not lift the patient fully off the surface.

Slide patient to one side of the bed.

The care team should manage tubing and lines and **prepare pillows, wedges, fluidizers, foam blocks or anything else that will be placed underneath of the prone patient.**

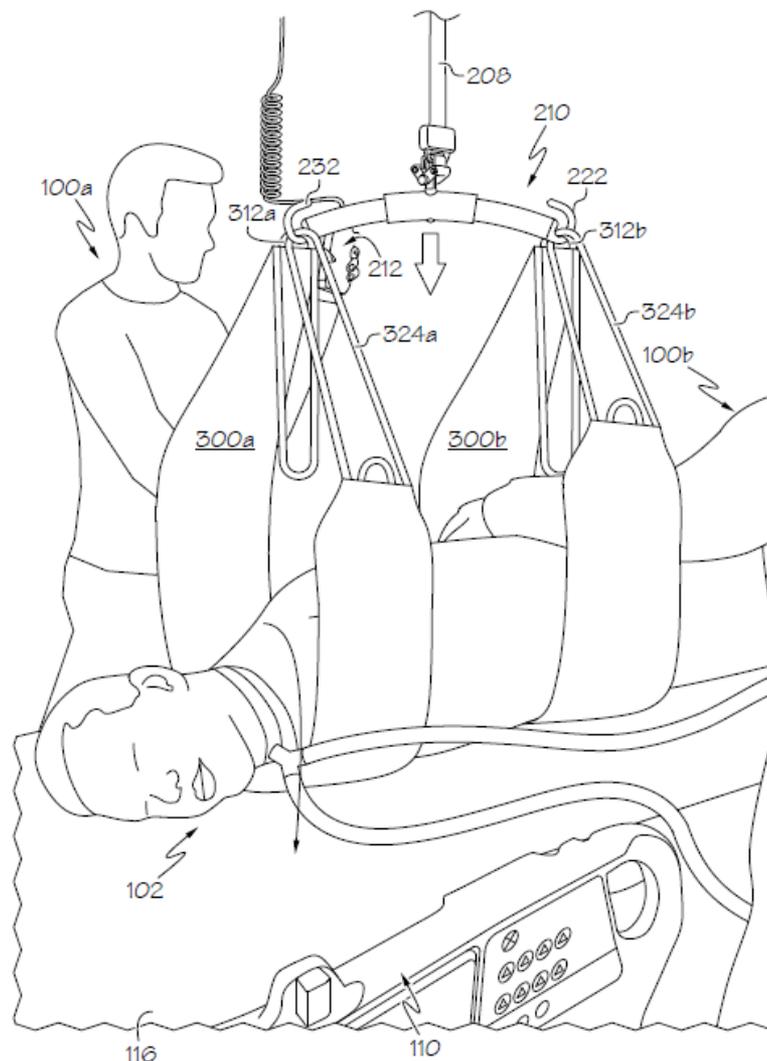


FIG. 9E

# Getting Patient to Prone Position

When all caregivers indicate they are ready, lower the patient to the prone position.

**Pause as needed to replace electrodes to the back, check lines and tubes. Reposition the patient and adjust tubing and lines as needed.**

The patient's limbs should be adjusted comfortably, and the body should be supported consistent with best practice.

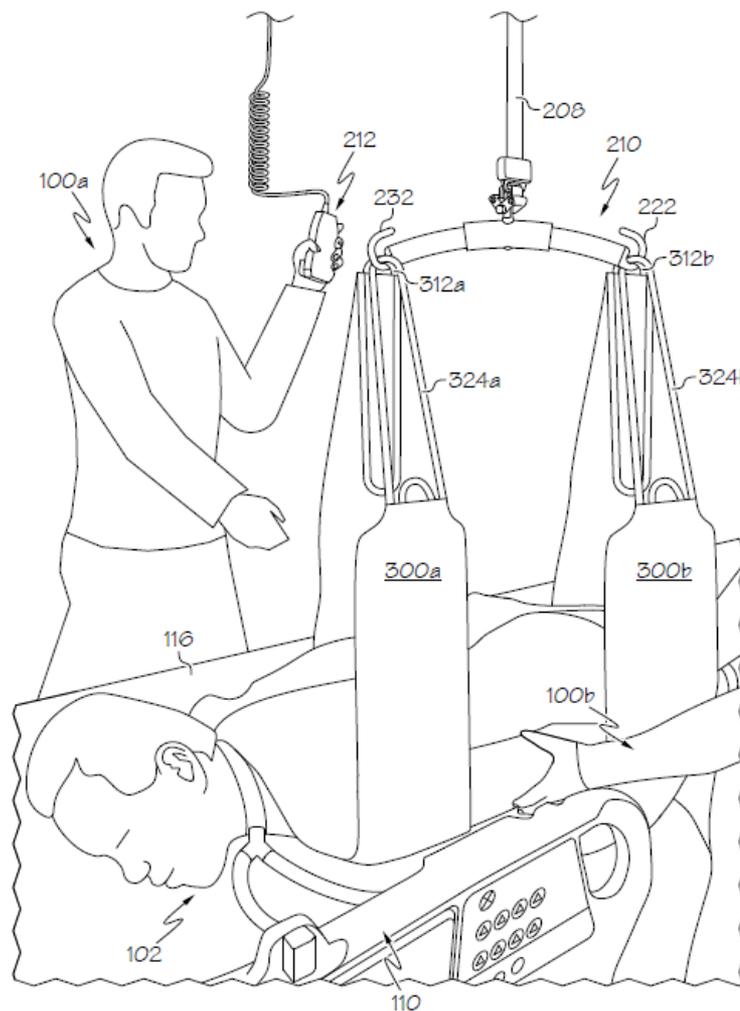


FIG. 9F

# Removing MultiStrap™ Accessories

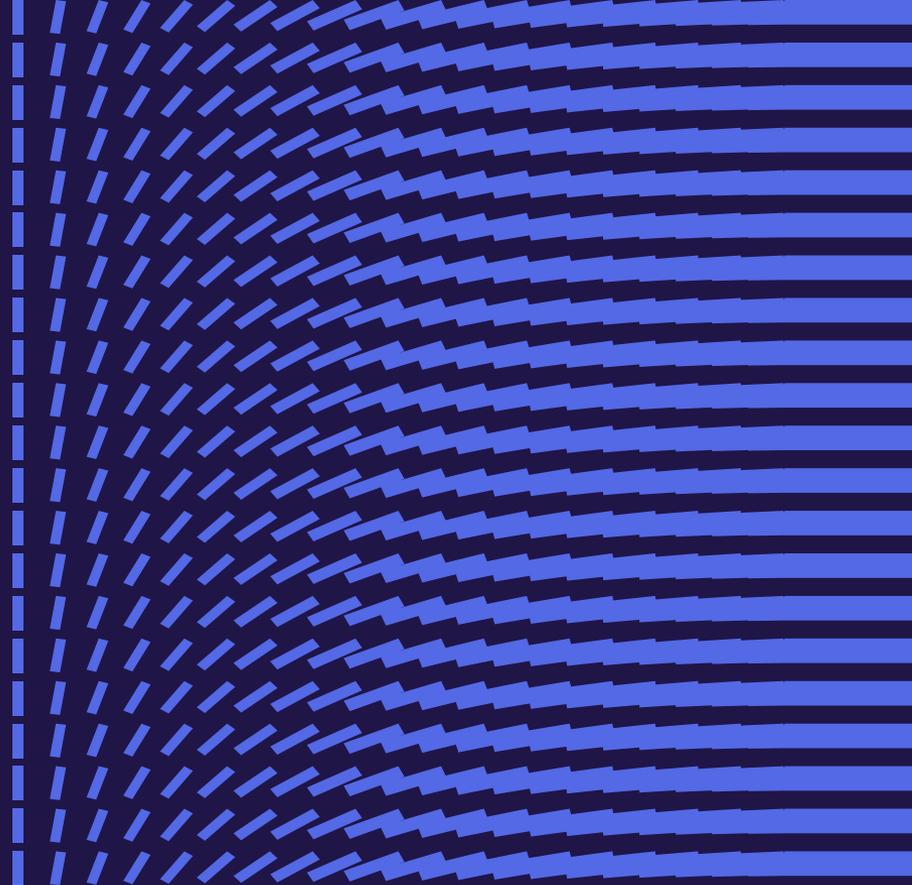
- Lower the slingbar to detach the loops of the MultiStrap™ aids.
- Gently remove the MultiStrap™ accessories from underneath the patient.
- To protect the patient's skin, fold the straps under when removing.
- For a patient with skin concerns, consider using friction reducing aids to help with removal.



## Completion

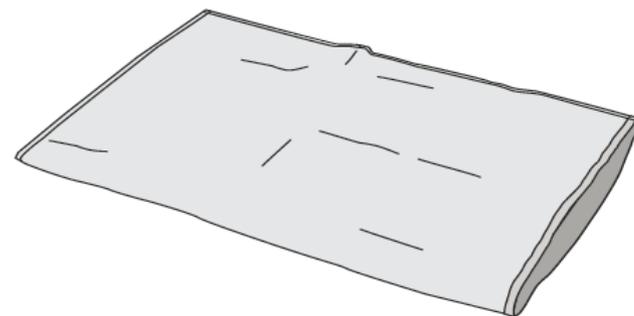
- The process is now complete.
- Stow the lift, raise the siderails, and return the bed to the proper height.
- The process can be performed in the same manner to return the patient from the prone position to supine.

# HANDYTUBE™ LONG MANUAL REPOSITIONING AID METHOD



# Preparation

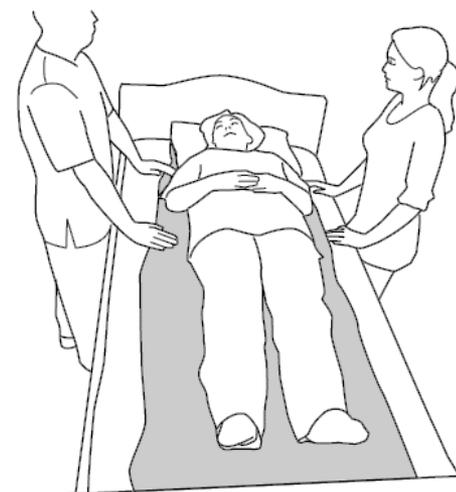
- This method uses Liko® HandyTube™ Long Manual Reposition Aid, along with three care team members to get your patient into the prone position.
- Special caution should always be considered to reduce risk of accidental extubation, line and tube dislodgement, or any other challenge associated with manually positioning patients.
- Raise the bed to a good working height for the care team and lower the siderails.
- The care team member at the head of the bed will manage the airway and monitor the entire procedure.
- Plan which direction the patient will turn.
- **Adjust equipment, attached tubing, leads and lines so there is enough slack during the movement.**



HandyTube Long

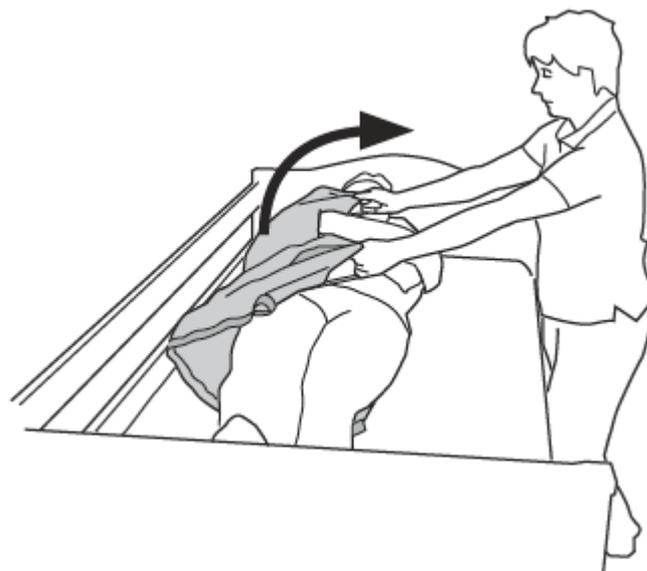
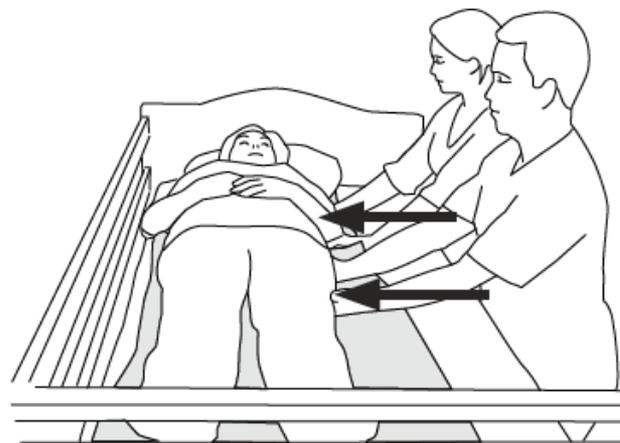
# Getting Patient to Prone Position

- A care team member will tuck a pillow underneath the hip area and another pillow underneath the lower legs of the patient.
- Tuck the patient's arm underneath the buttock to manage the arm during the turn, being careful to manage lines and prevent displacement.
- **The other care team member will tuck the HandyTube™ Long Manual Reposition Aid underneath the patient, being careful to include coverage from the shoulders to the heels.**
- Press the HandyTube™ aid down against the mattress at the same time you slide it underneath the patient.
- Try to position the HandyTube™ aid as far underneath the patient as possible.



# Proning

- The HandyTube™ aid prevents friction during the lateral transfer to the edge of the bed prior to turning the patient into prone position.
- On a count of three, the team will **slide the patient from the center of the bed to the side of the bed.**
- Once the patient is in position at the side of the bed, the care team may reapply any electrodes that were in place prior to turning patient to the prone position.
- When ready to complete the prone process, the care team member on the destination side will maneuver the HandyTube™ aid by lifting the sheet in an upward/vertical motion.
- The patient will gently roll onto the pre-placed pillows.



# Completion

- At this time, the care team will ensure that all lines, tubes and electrodes are attached to the patient.
- Add any additional pillows or foam to support the face once the turn is complete.
- Carefully remove the HandyTube™ aid by pulling the fabric from underneath the patient until it completely releases.
- Please note: the HandyTube™ Long Manual Reposition Aid is not made of breathable fabric and should not be left under the patient.
- The process can be performed in the same manner to return the patient from the prone position to supine.

