



Pronation Therapy: 3x3 Count Turn

Supplies needed:

- Respiratory Therapist at bedside
- Provider at bedside
- 4-8 Healthcare workers at bedside
- Airway box
- 5 ECG electrodes
- Mepilex dressings (multiple 4x4 or sacral to cut)
- 2-3 absorbent chuck pads
- 1 flat sheet
- BIS monitor electrodes (if paralytic in use)
- Peripheral Nerve Stimulator
- 3-6 pillows (preferred)



Prepare patient for the 3x3 Count Turn:

- Place BIS electrodes on forehead (if continuous paralytic will be used). Then determine baseline BIS and TOF once RASS of -5 is achieved. Administer additional sedatives, analgesics, and paralytics as prescribed.
- Assess the patient's pain and sedation status, allowing for sufficient onset of action per medication, route, and the patient's condition.
- Empty all drainage bags and change any dressings that are due to be changed during pronation therapy.
- Respiratory Therapist shall remove tube holder from face, if present, and secure the ETT with tape in standard fashion, per RT protocol.
- Ensure feeding tube is secured separately from ETT. Stop tube feeding.
- Trim Mepilex dressings, as needed, to follow contour of face to FULLY cover the forehead (over the BIS electrodes), the cheek bones, bridge of nose, chin. Do not occlude the eyes.
- Apply eye lubricant and if needed use paper tape horizontally across eye lids to keep them closed.
- Continue with additional Mepilex to cover head-to-toe bony prominences: Shoulders, breasts and nipples, hip bones, knees, tops of feet, and anywhere else deemed necessary.





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- Position 2-4 staff members on each side of the bed and have one additional staff member to monitor the lines and tubes. Health care team members stationed on each side of the bed maintain body contact with the bed at all times, serving as side rails to ensure a safe environment
- Ensure that all lines, tubes, and drains are secure. Double Check.
- Proceed to “make the bed upside down” using the chuck pads (absorbent side to patient) and then place pillows. Place pillows across the patient’s chest, just above the level of the axilla (chest), across the iliac crest (hips), and under the thighs if needed. Then cover the patient with flat sheet (fold down the top of the sheet to expose the patient’s head).
- Turn the patient's head so it is facing away from the direction of the turn.
- Loop the ventilator tubing above the patient's head.
- Place the patient’s arms alongside of the body with the fingers pointing toward the feet. Turn the patient’s hands palm down and tuck them beneath the patient’s buttocks.
- Along both sides of the patient, grab the top and bottom sheets together and tightly roll them up to the side of the patient sandwiching the patient firmly between the sheets. (If you are on the side turning over, roll the sheets over. If you are on the side of patient rolling under, roll sheets under. This will help with grip later)
- If on an ICU air bed, maximum inflate at this time.
- Remove all ECG leads and electrodes and disconnect all non-vital equipment.
- Provider calls TIME OUT- is everyone ready and is patient, along with all LDAs, secure?

Respiratory Therapist must be at head of bed, dedicated to the management of patient’s head and airway, the ventilator lines, and counts out loud the 3 movements of turn to team:

- **1st Count of 3** – slide patient to side of bed opposite of the turn, tightly holding the rolled-up sheets on each side of the patient
- **2nd Count of 3**- Roll patient onto side, healthcare workers on each side of bed exchange grips of tightly rolled sheets
- **3rd Count of 3**- Slowly and controlled, roll the patient over into the prone position





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- Pull and center the patient in the bed. Unwrap and assess.
- Obtain vital signs as soon as possible and attach the ECG electrodes to the patient's back.
- Unfold the flat sheet and chuck pad that is under the patient's head by having two HCW and Respiratory therapy lift up shoulders and face as needed. RT will secure airway and assist with placement of facial pillows or cushion as needed.
- Continue to correctly position all tubes, drains, and lines.
- Rotate the patient's arms parallel to the body and then place them in a position of comfort. The arms may be positioned by the head, aligned with the body, or one up and one down (swimmer's position) use assistance as needed to lift up shoulder as to not cause injury to shoulder or arm.
- When the arm is in the up position, keep the shoulder in neutral position and the elbow at 90 degrees
- Place pillows under the patient's shins to raise the patient's ankles off the bed and to maintain the patient's feet in a dorsiflexed position.
- Adjust the bed to place the patient in the reverse Trendelenburg position. Resume tube feeding if ordered, only if feeding tube is post-pyloric.
- Assess, treat, and reassess pain and level of sedation.