Unique Plan Description: RotoProne Therapy PowerPlan
Plan Selection Display: RotoProne Therapy PowerPlan
PlanType: Medical

RotoProne Therapy PowerPlan

Patient Disposition
Indications for RotoProne therapy include patients with acute lung injury (ALI) or Acute Respiratory Distress Syndrome (ARDS) as evidenced by: P/F ratio less than 300, FiO2 greater than or equal to 50%. PEEP greater than 7(NOTE)*

Vital Signs
- Vital Signs
  \(T;N,\) per ICU protocol
- Weight
  \(T;N,\) Initial Weight at time patient is placed on RotoProne Bed
- Weight
  \(T;0100,\) qDAY, Weigh Patient on RotoProne Bed

Activity
- Activities of Daily Living Adult
  \(T;N,\) Nurse to perform ROM when patient in supine position
- Turn Patient
  \(T;N,\) Nurse to adjust turn schedule and pause times per patient tolerance
- Turn Patient
  \(T;N,\) Constant order, Prone patient 3 hours with 62 degree rotation return to supine position for 1 hour with 62 degree rotation. Repeat this cycle every 4 hours.
- Turn Patient
  \(T;N,\) If patient unstable in prone position IMMEDIATELY turn to supine position utilizing "Powered Emergent Return to Supine Position"
- Bedrest
  \(T;N\)

Patient Care
- Communication (non-medication) Order
  \(T;N,\) Document therapy via RotoProne Therapy Task (Located in Tasks then click "Cont Task/Communication" Tab)
- RotoProne Therapy
  \(T;N,\) Constant Order
- Tracheostomy Care
  \(T;N,\) Secure with double tape/double trach ties as needed: do not use commercial securing device. Secure vent tubing to face pack for added security.
- Wound Care (Nursing)
  \(T;N,\) AsNeeded, Constant order, Apply Duoderm or Mepilex to cheeks and forehead prior to proning as needed
- Wound Care (Nursing)
  \(T;N,\) q3 Days, PRN, Change forehead and cheek pads on face pack every 72 hours and PRN
- Wound Care (Nursing)
  \(T;N,\) Constant order, PRN, Loosen side packs when patient supine to relieve pressure
- Ice Therapy
  \(T;N,\) Place wash cloths in iced water, leave damp and apply to eyes/face for edema when in supine position (may use ice packs while supine; but change water container every 24 hours)
- Fecal Management System
  \(T;N,\) AsNeeded
- Sedation Vacation
  \(T;N,\) Not until patient is weaned from the RotoProne Bed!
- VTE Prophylaxis Med-GenSurg(SUB)*
- Communication (non-medication) Order
T;N, If patient unstable IMMEDIATELY return patient to supine position utilizing "Powered Emergent Return to Supine Position" (RotoProne P & P section 5.0)

- Notify Provider
  T;N, Notify physician for uncontrollable anxiety/agitation
- Notify Provider
  T;N, Sustained change in heart rate to <50 or >140
- Notify Provider
  T;N, Sustained change in MAP to <60
- Notify Provider
  T;N, Sustained change in Respiratory rate to <10 or >30
- Notify Provider
  T;N, Sustained change in oxygen saturation to <90% despite oxygen therapy

**Weaning from RotoProne Bed:**
- Communication (non-medication) Order
  T;N, Nurse to adjust weaning schedule and pause times per patient tolerance. The goal of weaning is to gradually increase supine time compared to prone time.
- Communication (non-medication) Order
  T;N, Consider weaning when P/F ratio is 250 or greater.
- Communication (non-medication) Order
  T;N

Comments: Removal from Prone Therapy will occur when one or more of the following occurs:
* When stable: FiO2 <= 0.40, P/F ratio >= 250 with total PEEP <= 5 cm H2O for 24 hours or greater.
* Resolving ARDS/ALI
* Patient is able to protect and clear airway.
* Diagnosis of "Cerebral Death"
* Patient is placed on palliative care/comfort care/hospice care.
* Patient is unable to prone for 18 hours per day (does not include time out of unit).

- Communication (non-medication) Order
  T;N, Place on Triadyne Proventa bed when weaned from RotoProne until patient is extubated and able to sit on side of bed

**Diet**
- Feeding Tube Placement
  Routine, T;N, Bed, Notify house resident to place small bowel feeding tube
- Orogastric/Nasogastric Tube Insertion
  Place OGT, unless NGT already present and place to low intermittent suction (in addition to all feeding methods)
- Communication (non-medication) Order
  T;N, If patient currently receiving gastric feeding hold until small bowel feeding tube is placed and then resume per new tube after verification of placement.

**NPO Diet**

**Medications**
- PROTOCOL InTENsive INSulin Infusion(SUB)*
- PULM Mechanical Ventilation Adult(SUB)*
- TPN Adult PowerPlan(SUB)*
  Various ocular lubricant ophthalmic solution orders are available within the "ICU Neuromuscular Blocker Adult" SUBPHASE below.(NOTE)*
- ICU Neuromuscular Blocker Adult(SUB)*

**Laboratory**
- ABG
  Timed Study, T;N+60, Blood, TI, Print Label, 1 hr after initially placed in RotoProne Therapy
- ABG
  Timed Study, T;N+180, Blood, TI, Print Label, End of Initial Cycle, Before pt in Supine Position
- ABG
  Draw 0600, T+1;0600, Blood, TI, Print Label, qDAY
Radiology

☐ Chest 1 View
   Timed, T;N+480, Bed, Yes, Yes, Standard Precautions, Perform 8 hours after patient placed in Rotational Therapy

☑ Chest 1 View
   Scheduled, T;0400, Bed, Yes, Yes, Standard Precautions, Daily while on RotoProne Therapy

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase