Continuous Lateral Rotation Therapy Tip Sheet

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Trigger to Initiate Continuous Lateral Rotation Therapy (CLRT)

Acute Respiratory Failure

CLRT Background

- Reduce ventilator associated pneumonia\(^1\,\,^4\)
- Reduce ventilator days\(^1\,\,^6\)
- Reduce ICU length of stay (LOS)\(^1\)
- Reduce skin pressure injury\(^3\,\,^4\)
- Reduce hospital mortality\(^4\)
- Reduce all-cause mortality\(^4\)
- Reduce interface pressure on ischial tuberosities\(^3\)
- Increase interface pressure on heels\(^3\)
- Possibly reduce inflammatory mediators associated with trauma\(^5\)
- Reduce hospital LOS\(^6\)

Patients experience the biggest benefits when CLRT is started early and maintained for at least 20 hours per day.

Contraindications

- Traction
- Open chest
- Unstable ECMO/VAD cannulas
- ICP that increases with CLRT

Relative Contraindication: Restraints - remove if patient is not high risk to remove lines/tubes

NOTE: CLRT will be done instead of q2 hour turns with pillow placement behind patients.

Bed Set-up

1. From the Main Menu choose Surface. Figure 1
2. Enter patient’s weight range if it is currently blank.
3. Choose Lateral Rotation. Figure 2
4. The mattress defaults to 40 degrees on each side for 10 minutes and 5 minutes supine. Figure 3
5. Optimal pulmonary effects will occur if the maximum turn is used.
6. The time can be adjusted down to 5 or 0 minutes if the patient doesn’t tolerate a specific position.
7. Generally, supine time should not be increased beyond 5 minutes, unless specific patient benefits have been identified.
8. Assure all 4 side rails are raised. CLRT will not start until all side rails are raised.
9. Press green arrow to initiate CLRT. Remain in room until you confirm all lines and tubes will remain tension free during the full rotation.
Bed Set-up if Used For Prone Patients

1. Complete previous steps 1-9.
2. Initiate turning with only the first solid bar (20 degrees) chosen while assessing patient tolerance. Figure 4
3. If patient tolerates the smaller turn after 30 to 60 minutes, consider increasing to full rotation (40 degrees).

Patient Assessment

- Remain in patient room to assess patient tolerance of the full turn.
- Assess all tubes, lines and drains to assure there is enough slack to avoid tension for the full rotation.
- Assess that IJ central lines do not kink while turning.
- Assess vital signs, oxygenation, hemodynamics and intracranial pressure (if appropriate) throughout the turn.
- Assess skin for any pressure injury, assess position of heels in heel boots q2 hours.

Documentation

CLRT can be documented from the Worklist Task or from Flowsheet.

References