

ROTATION THERAPY PROTOCOL

Purpose:

To achieve mobilization of pulmonary secretions (turning the patient six or more times an hour). This therapy is designed for the prevention and treatment of pneumonia and atelectosis. Patient population includes those patients with actual or potential accumulation of secretions in the lungs.

Management Criteria for Pulmonary

Use the Lateral Rotation Therapy Placement Criteria.

- Rotate patient at least 18 out of 24 hours per day.
- Rotate with **40 - 60%** settings that will achieve a good dependent position (one lung above the other). Customize based on patient's body proportion. **(Trochanters should shift and feet should move slightly during rotation).**
- **Initiate CLRT therapy, with training option if appropriate. Training will start at 50% of goal % turn and increase 10% per hour until goal reached. (Note: Rotation % is not an angle degree, but the amount of air released from the air chambers). A larger patient will turn more than a smaller one at the same rotation %.**
- Utilize minimal turn pause time 0.5 - 1 minute is recommended, however, 2 - 5 minutes is acceptable for maximum number of turns per hour to mobilize secretions and customize settings to avoid positional desaturation.
- At the beginning of each shift document with assessment the **total hours of rotation since midnight** in the specialty bed section.

Recommendations:

Good lung down usually improves saturation.

HOB up 30 degrees is helpful to prevent pneumonia.

Chair position can help prevent atelectosis.

Management Criteria for Skin

- Place one flat sheet and one cotton backed pad (blue pad). Do not pile on extra linens under the patient.
- Only cotton-backed pads (blue pads) are to be used on the beds. (Exception: plastic backed pads may be used for frequent liquid stools > 3 per shift.)
- Customize bed length to activate the heel suspension mode.
- Turn patient to inspect skin integrity every 4 hours.