

Translating Research Into Practice (TRIP) *Continual Lateral Rotation Therapy (CLRT)*

Critical Care Quality Council

What does the evidence say?

- The management of acute pulmonary conditions in the critically ill patient is supported by positioning therapy and CLRT.
- Research of the effectiveness of CLRT has found CLRT therapy benefits the critically ill patient in the following ways:
 1. Improve drainage of secretions within the lung and lower airways
 2. Maximize functional residual capacity to minimize inflation pressure required to reopen lungs
 3. Reduce respiratory complications (VAP, atelectasis, ARDS)
 4. Reduce the risk of venous thrombosis and associated PE from immobility

Expected Outcomes with CLRT:

- Patients will have decreased incidence of respiratory complications
- Patients will not experience a decrease in level of deconditioning related to immobility
- Patients will have decreased ventilatory days

Change in Practice: Assess and Initiate CLRT when:

- **If the patient is immobile plus:**
 - **Lobar collapse/atelectasis or excessive secretions are present**
 - **P/F ratio <300**
 - **Hemodynamic instability with manual turning**
- **Assess the patient for CLRT therapy upon admission and every shift thereafter**
- **Discontinue CLRT when pulmonary condition improves or therapy is not longer showing benefit**

Refer to UCH ICU Guideline, 'Continuous Lateral Rotation Therapy (CLRT)'

Selected References:

- Goldhill, D.R., Imhoff, M., McLean, B. et al. (2007). Rotational bed therapy to prevent and treat respiratory complications: a review and meta-analysis. *American Journal of Critical Care* 16(1): 50-62. LOE I.
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- Washington, G.T., Macnee, C.L. (2005). Evaluation of outcomes; the effects of continuous lateral rotation therapy. *J Nurs Care Qual*. 20(3): 273-82. LOE IV

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