CONSIDERATIONS FOR PRONE POSITIONING

**Education**
- Maintain Safe Patient Handling and Mobility (SPHM) competency
- Additional proning-specific staff training
- Consider simulation training

**Indications**
ARDS with:
- Refractory hypoxemia in face of conventional ventilator strategies and medical management
- P/F ratio of < 100
- Need for reduction of ventilator-associated lung injury

**Contraindications**
- Lack of proning-trained staff
- Open anterior burns or surgical wounds
- Elevated ICP or head trauma
- Unstable facial, spine or axial fractures
- Pregnancy

**Treatment Discontinuation**
- Hemodynamic instability
- Lack of patient therapeutic response
- P/F ratio is consistently >300

PREPARATION FOR PRONE POSITIONING

**Personnel**
- Airway Manager: credentialed for intubation
- ICU trained RN
- Two other proning-trained personnel

**Gather Required Equipment**
- Emergency airway management tools
- ETT clamp or Kelly clamp
- SPHM tools per facility policy
- Padding
- Consider adding line extensions

**Teamwork**
- Agree upon clear roles and positions
- Pre-brief team on plan

**PPE and Final Preparations**
- Don PPE
- Check PPE
- Pre-oxygenate with 100% oxygen for at least 3 min
- Consider holding tube feed

**Airway Considerations**
- Ensure adequate sedation depth
- Consider Neuromuscular junction blocking medications
- Secure ETT
- Ensure bacterial/viral filtration
Prone Positioning of an ARDS Patient

SUGGESTED PRACTICES as of May 5, 2020

**PRONE POSITIONING STEPS**

<table>
<thead>
<tr>
<th>Prepare Patient for Turn</th>
<th>Beginning the Turn</th>
<th>Lateral Move</th>
<th>Side-Lying</th>
<th>Fully Prone</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Move equipment</td>
<td>• Airway Manager coordinates patient movement</td>
<td>• Place patient arms down</td>
<td>• Roll patient into a full side lying position</td>
<td>• Roll patient to their abdomen</td>
</tr>
<tr>
<td>• Drape lines and cables</td>
<td>• Ventilator circuit should be slack</td>
<td>• Position SPHM</td>
<td>• Assess airway, ventilation &amp; O₂ saturation</td>
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</tr>
<tr>
<td>• Disconnect cables, hoses and non-essential IV lines</td>
<td>• ETT and circuit should remain attached</td>
<td>• Move patient to the edge of the bed</td>
<td>• Pad pressure points</td>
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</tr>
<tr>
<td>• Position indwelling urinary catheter</td>
<td>• Maximally inflate mattress</td>
<td>• Replace EKG leads</td>
<td>• Ensure neutral position of head and neck</td>
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</tr>
</tbody>
</table>

**PRONE POSITION AFTERCARE**

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Reposition Patient</th>
<th>Schedule Rotation</th>
<th>Reassess and Document</th>
<th>Implement Continuous Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Return mattress to baseline inflation</td>
<td>• Reposition patient’s head and arms every 2-4 hours</td>
<td>• Determine patient rotation schedule based on staffing levels</td>
<td>• Calculate P/F ratio daily</td>
<td>• Debrief team</td>
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<tr>
<td>• Oral care</td>
<td>• Return patient to supine position daily for skin assessment</td>
<td>• Patient in prone position for 12-16 hours a day</td>
<td>• Document length of proning position and response</td>
<td>• Identify lessons learned</td>
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<tr>
<td>• Urinary catheter care</td>
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<td>• Eye care</td>
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<tr>
<td>• ETT care, security and suctioning</td>
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