

## 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 STEPS

### Prepare Patient for Turn

- Move equipment
- Drape lines and cables
- Disconnect cables, hoses and non-essential IV lines
- Position indwelling urinary catheter



### Beginning the Turn

- Airway Manager coordinates patient movement
- Ventilator circuit should be slack
- ETT and circuit should remain attached
- Maximally inflate mattress



### Lateral Move

- Place patient arms down
- Position SPHM
- Move patient to the edge of the bed



### Side-Lying

- Roll patient into a full side lying position
- Assess all lines & cables
- Replace EKG leads



### Fully Prone

- Roll patient to their abdomen
- Assess airway, ventilation & O<sub>2</sub> saturation
- Pad pressure points
- Ensure neutral position of head and neck



## PRONE POSITION AFTERCARE

### Patient Care

- Return mattress to baseline inflation
- Oral care
- Urinary catheter care
- Eye care
- ETT care, security and suctioning

### Reposition Patient

- Reposition patient's head and arms every 2-4 hours
- Return patient to supine position daily for skin assessment

### Schedule Rotation

- Determine patient rotation schedule based on staffing levels
- Patient in prone position for 12-16 hours a day

### Reassess and Document

- Calculate P/F ratio daily
- Document length of proning position and response

### Implement Continuous Quality Improvement

- Debrief team
- Identify lessons learned