

## Awake Self Prone Positioning for Patients with PUI/Confirmed COVID

Awake self prone positioning will be performed on all suitable patients on the unit. Prone positioning is a simple intervention that can be done in most circumstances, and is compatible with all forms of basic respiratory functions. Awake prone positioning may help improve oxygenation (the SpO<sub>2</sub> may rise, thereby allowing the care team to decrease the amount of supplemental oxygen, at least while the patient is prone).

Benefits include:

1. Recruitment of posterior lung regions which often become atelectatic
2. Improved ventilation / perfusion matching support and requires little or no equipment in the conscious patient.
3. Improved secretion clearance (gravity works in your favour)

### Accountabilities:

- Therapy is prescribed by the MRP
- Initial and ongoing education provided by Physiotherapist
- Nursing will encourage ongoing participation and monitoring of therapy in conjunction with routine cluster care
- Monitor SpO<sub>2</sub>, RR and work of breathing at initiation and fifteen minutes after the first time the patient is in prone position

### Patient Inclusion Criteria

1. Requires supplemental Oxygen at greater than 4 L/min via nasal prongs OR high-flow nasal cannula oxygen therapy (i.e. Airvo therapy)
2. Awake, alert, cooperative - able to actively participate and self-direct therapy
3. Can tolerate a minimum of thirty minutes in the prone position

### Exclusion Criteria (list is not all inclusive)

- Severe respiratory distress
- Hemodynamic instability (i.e. SPB<90mmhg)
- Altered level of consciousness
- Agitation or altered mental state (i.e. dementia, delirium)
- Neurological issues (i.e. frequent seizures)
- Vomiting
- Abdominal surgery less than two weeks ago
- Spinal precautions

### Prone positioning should be aborted if any one of the following conditions are met:

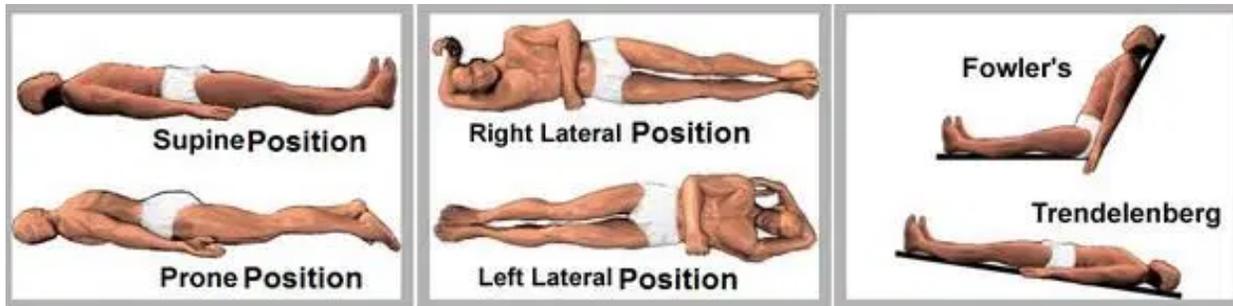
1. Worsening respiratory failure or oxygen requirement in the prone position
2. Hemodynamic instability
3. Oxygen requirement decreases to less than 4 L/min via nasal prongs
4. Significant patient discomfort or non-compliance

***For patients who exhibit clinical signs of worsening respiratory failure and increasing oxygen requirements, the use of prone positioning does not prevent other established clinical responses including critical care or palliative specialist consultation.***

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### Therapy:

- Goal: 4 hours per day
- Duration and frequency: 2-4 hours BID or TID for awake patients supported with supplemental oxygen
- Can be modified by patient compliance and comfort
- Every 30 mins -2 hrs, patient switches between the following positions



1. Explain the procedure/benefits to the patient and answer any questions.
2. Consideration should be given to distraction techniques (books, cell phone, or tablet device).
3. Optimize comfort. Pillows/extra blankets may be required to support the chest. Reverse Trendelenburg position of the bed and a pillow placed under the chest may aid in patient comfort. (see Appendix 1)
4. Sedation must not be administered to facilitate proning
5. Ensure the source of the patient's Oxygen is functioning as prescribed
6. Review how to safely reposition independently (remember line safely) or recommend waiting for assistance by Nurse/PT during cluster care.
7. Ask patient to move to a different positions as above and inform nurse of duration of each position.
8. Continue with BID and PRN respiratory assessments and documentation
9. Obtain patient feedback on effectiveness of therapy
10. Every shift document a patient note under the Focus: Respiratory Assessment Proning (patient response, duration, positions as well as any concerns or changes in respiratory status etc.)

### Reference

Efficacy and safety of early prone positioning combined with HFNC or NIV in moderate to severe ARDS: a multi-center prospective cohort study. Ding et al. Critical Care (2020) 24:28 <https://doi.org/10.1186/s13054-020-2738-5>

There are lots of videos on YouTube showing us how to prone but not so many telling us why. This video attempts to explain many of the reasons why it is considered worthwhile. "Proning the ARDS patient- why do we do it?"

<https://www.youtube.com/watch?v=FS4t5w1eCYw>

Proning Infographic: <NAME> Form #\_\_\_\_\_

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### Appendix A – Pillow Support for Patients during Prone positioning

Prone positioning: Remove the head of the bed. Place pillows under chest and pillows on table at head of bed to support (Fig. 1 & 2) or support with pillow between legs, head turned to side (Fig. 3)



Fig. 1



Fig. 2

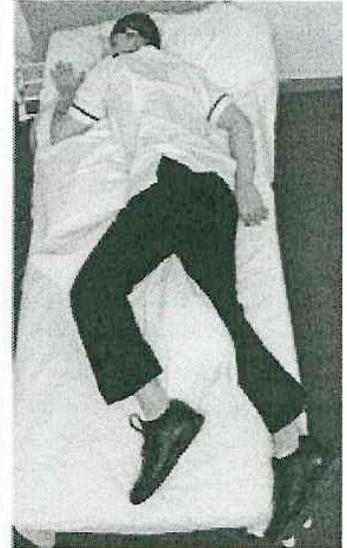
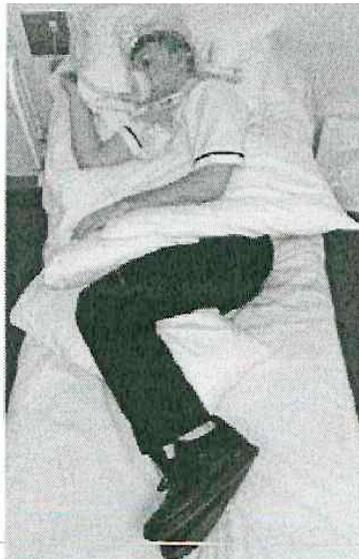


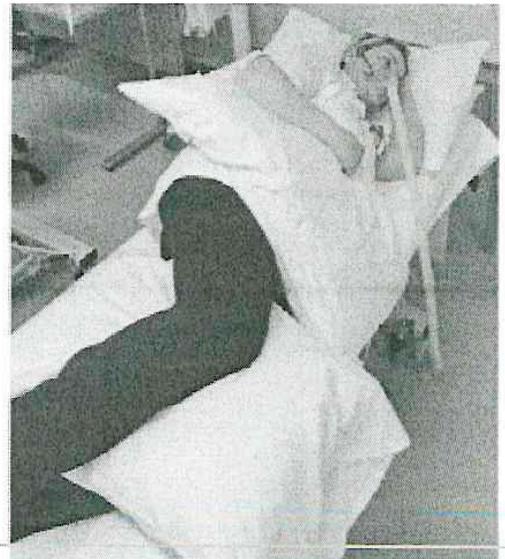
Fig. 3



Sitting up



Lying on right side



Lying on left side