COVID 19 Prone position for the awake, non-intubated patient

12-2-20: Working Draft

Patient Selection:
Awake proning can be used on stable patients (on room air or on supplemental oxygen) and as a “rescue” for those who have escalating supplemental O2 requirements.

Contraindications:

**Absolute:**
- Inability to independently supinate or pronate safely:
- Cognitive and physical ability to roll back over if they become uncomfortable with pronation.
- The ability to prone while safely managing equipment (Supplemental oxygen, tubing, monitors, leads)
- Patients should be able to communicate distress or discomfort.
- Imminent risk of intubation (see “when to stop awake proning))
- Spinal instability
- Facial or pelvic fractures
- Open chest or unstable chest wall
- Open abdomen

**Relative contraindications:**
- Altered mental status
- Nausea or vomiting
- NIPPV

Protocol:

Prior to proning
- EKG leads may remain on anterior chest wall, but avoid pressure points
- If possible, place the bed in reverse Trendelenburg (head above feet, 10 degrees) to help reduce intraocular pressure.
- Arrange tubing to travel towards the top of the bed, not across the patient, to minimize risk of dislodging.
- Ensure support devices are well-secured to the patient (for example, sleeve over IV access site, position urinary catheter)
- Assess pressure areas to avoid skin breakdown and use skin protective devices as needed
- Make arrangements in advance for plans for toileting, call bell, entertainment, and cellular phone
- Have patient empty bladder
- Educate the patient. Explain the procedure and rationale of proning to the patient.

Prone position
- The patient should lie on their abdomen (arms at sides or in “swimmer” position).
• If a patient is unable to tolerate, they may rotate to lateral decubitus or partially prop to the side (in between proning and lateral decubitus) as the alternative.
• Use pillows or waffle cushions as needed to support patient.

**Time spent proning**
• Patient should try proning every 4 hours, and stay proned as long as tolerated.
• Proning is often limited by patient discomfort, but we should encourage them to reach achievable goals, like 1-2 hours (or as long as possible).
• Patient should attempt to prone at night as tolerated

**When to stop awake proning**
• Patient discomfort (the patient may self-terminate proning)
• For a patient for whom intubation is within their goals of care, consider ceasing proning if an escalating oxygen requirement leads to a concern for potential imminent intubation (e.g. an escalating Venturi mask requirement in 40% - 50% range). Proning is not prohibited while on Venturi mask or Non-Rebreathing Mask (NRB) and may be indicated in certain cases with multi-disciplinary discussion.

**RN documentation**
• RN should document prone/supine in the EMR
• In addition to routine vital sign checks, the RN documents
  o Supine/Prone O2 sat (ABG is not required)
  o Respiratory rate,
  o Supplemental O2 needs,
  o Work of breathing,
  o Patient’s subjective rating of breathing ease.
• Documentation should occur:
  o Just prior to proning,
  o 1 hour after proning,
  o with regular vital sign checks

**Proning Simplified:**
• Educate patient on goals and how to self-prone
• Make sure patient, tubes, drains and lines are ready to prone
• Assist patient to prone
• Assess for comfort and points at risk for pressure injury
• Stay with patient for 10 minutes and assess comfort, and vital sign response to prone position
• Remain in prone position as long as able
• Document vitals prior to, at 1 hour, and with routine vital scheduled

**Reference:**
https://covidprotocols.org/search?q=Prone

Written instructions for patients:
Video for patients:
https://www.youtube.com/watch?v=HCrSUwqoX0I