

## COVID-19

### Independent Proning for Non-Intubated COVID-19 Patients

During the COVID-19 pandemic, independent Proning will be utilized across MedStar Health to treat mild to severe hypoxemia in non-intubated patients.

*Please refer to StarPort COVID Page (or <https://medstarhealth.org/covid19resources> off network) for the complete and most current guidance as this information is rapidly changing and updated.*

#### In what setting and population will Proning be ordered for improving oxygenation?

- Any patient care unit with COVID-19 positive/suspected patients that are not intubated.

#### What is independent Proning?

- This process involves asking the patient to turn themselves onto their chest/stomach and allowing them to rest in this position.

#### What are the indications for use?

- Mild to Severe Hypoxemia



#### Why do we ask awake patients to Prone?

- It may protect or improve oxygenation.
- May assist with secretion clearance
- Expands available alveolar surface area for gas exchange thus avoiding worsening hypoxemia

#### What are the contraindications?

- On 100% Non-Rebreather, CPAP, BiPAP
- Increased work of breathing
- Altered mental status, unable to follow commands
- Unable to prone and supinate independently
- Facial or pelvic fractures
- Burns or open wounds on the ventral body surface
- Conditions associated with spinal instability (e.g., rheumatoid arthritis, trauma)
- Conditions associated with increased intracranial pressure
- Life-threatening arrhythmias
- Open face/chest wounds including chest tubes
- Moderate to severe ascites
- BMI GREATER than 40 (potential limiting factor for independent position changes)

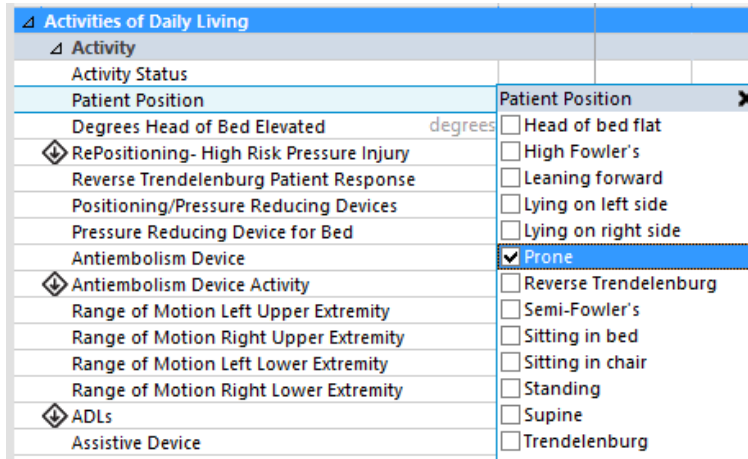
#### How will Proning be ordered?

- The patient should be proning 3x/day, for minimum 3 hours each time, as tolerated, including once at night
- Sedating agents should be **avoided** for patients who are independently proning due to the risk of airway compromise.

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**What should I document?**

- Obtain and document SpO2, RR, and O2 Delivery Device with Liter flow/FiO2 before initiating and after 30 minutes of initial proning.
- Obtain Vital Signs with SpO2 minimally q4hours or as ordered
- Document patient position q2h while in the prone position.
  - o In IView: ADLs — Patient position —> Prone



**What should be done with EACH Proning:**

- Nurse to remain with patient for 15 minutes after proning to assess patient’s tolerance.
- Toilet the patient prior to positioning
- If patient is on telemetry, EKG leads should remain on the anterior chest wall.
- Patient should position themselves in the prone position and the RN should ensure that oxygen tubing is not compromised.
- Use pillows and elevate head of bed as needed to decrease pressure on pressure points to the comfort of the patient. In pregnant women, use pillows to offload pressure on the abdomen.
- Ensure that the patient has call bell, phone and other personal items within reach.
- Instruct the patient to call for help and return to supine position if they feel distress when in the prone position.
- In the event of a cardiac and/or respiratory emergency, the patient should immediately be turned supine for emergency intervention (CPR).
- Notify provider if patient is unable to tolerate proning as ordered.
- Rapid response criteria will still be followed for care escalation if patient’s oxygenation and/or work of breathing continue to worsen

**What education should be provided to the patient?**

- Explain the Proning procedure and the purpose to the patient prior to positioning.
- Instruct the patient to call for help and return to supine position if they feel distress when in the prone position.

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