### Prior to Proning
- Apply prophylactic foam or hydrocolloid dressing to all bony prominences including knees, iliac crest, shoulders, and apply hydrocolloid dressing to forehead, cheeks, chin.
- Ensure lubricant ordered for eyes.
- Obtain EKG leads to be placed on patients back.
- Obtain head support. If commercial device not available, a foam operating room head pillow with the middle cut out can be used.
- Obtain chest and pelvis bolsters. These are used to support patient’s chest and pelvis, and allows abdomen to protrude without touching bed. If commercial devices not available, create using rolled bed linens.
- Ensure Secure Airway
  - ETT taped circumferentially around head
  - Commercial securement devices not rec.
- It is safe to prone patients with a trach; ensure RT secures with bands to prevent disconnect. (If trach < 7 days, consult provider who placed)
- Hold enteral feeding for 45 minutes up to 1 hour prior to proning. It is safe and feasible to resume while patient in prone position.
- Secure all tubes and catheters. Typically lines from waist to head are gathered at the top, and lines from waist to feet are gathered at the bottom of the bed.
- Ensure all emergency airway and resuscitation equipment is immediately accessible.
- Assemble a 3-6 person team based on patient habitus, medical devices/lines, and stability.
  - Airway expert at the head of the bed, primary RN, and 1-4 additional persons on opposite sides of the bed to perform as “flippers and catchers”

### Post-Proning Care
- In coordination with COVID cluster care with respiratory therapy, reposition head and arms.
  - Arms are positioned either bent at elbow and above head or at side to prevent nerve damage, commonly known as swimmers position.
  - Head turning is done to prevent compression of the eyes and pressure injury.

### Supination
Follow the same steps in “how to prone” except:
- Step 2: Slide patient towards the ventilator
- Step 4: Turn away from the ventilator to supinate

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### Contraindications
**Absolute:** Unstable cervical spine or pelvis fractures.
**Relative contraindications:** May be related to cardiovascular instability, intracranial pressure management, pregnancy, and BMI > 50 or habitus unable to stabilize chest with belly, but pros and cons should be discussed by ICU team to determine a final decision to prone.

### Duration
Typically 16-18 hours but may consider up to 24 hours or longer if tolerated well. Supination periods are typically 4 hours before next prone cycle begins.

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### Criteria to Prone
If PF ratio <150 despite appropriate PEEP and FIO2 >60%

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**Penn Proning Guidelines for Critically Ill Patients with COVID 19**

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**Penn Chart Orders for Proning**

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**Eyes Care**
- If eyes remain open, gently tape closed
- Ensure no direct pressure on eyes or nose

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**Assess post proning for tolerance:**
- Resp rate, effort, and ventilator synchrony, SpO2, ABG and calculation of PaO2/FioO2 ratio