

PENN Proning Guidelines for Critically Ill Patients with COVID 19

Updated 8-24-20

Criteria to Prone

If PF ratio <150 despite appropriate PEEP and FIO2 >60%

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.

If Cardiac Arrest Occurs when Prone*

CPR and defibrillation can be started on the pt's back.
Defib pads L. mid axillary & R. scapula



Penn Chart Orders for Proning

Proning Protocol for Adult Severe ARDS

Process Inst.: Please prone patient for a minimum of 16 hours a day until discontinued.

Priority:

Frequency:

Starting: 7/25/2019 At: 0645

First Occurrence: Today 0645

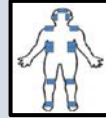
Scheduled Times: 07/25/19 0645

Comments:

Phase of Care:

Prior to Proning

- Apply prophylactic foam or hydrocolloid dressing to all bony prominences incl. 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"

How to Prone

Step 1*: Pt. flat and arm closest to the vent is tucked underneath the buttock with palm facing anteriorly. Cover patient with an absorbent pad and clean sheet, take the top and bottom sheets and roll them together tightly towards pt.



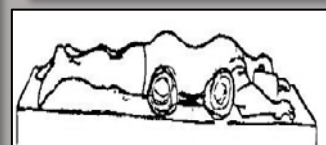
Step 2: The person at the head of the bed is the leader, at the leaders direction slide patient away from the ventilator.

Step 3*: Confirm lines and airway are stabilized. At the leaders direction tilt patient fully on their side. Pt's front is towards the person(s) in the "catcher" role and towards the ventilator.



Step 4: Pull the rolled up sheet away from beneath the patient and turn patient in prone position. Support neck, ensure airway secure, place new EKG leads on back. Ensure lines, tubes, drains are safely positioned.

Step 5: Use the bottom sheets to lift the upper body area to place chest bolsters, then lift lower body area to place the pelvic bolsters. Place patient in reverse trendelenberg, 25-30° (Heads up)



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



Eyes Care

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

Assess post proning for tolerance:

- Resp rate, effort, and ventilator synchrony, SpO2, ABG and calculation of PaO2/FioO2 ratio

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

Nursing Documentation

Flowcharts

When nurse enters "Prone" in the Patient Position log, the Prone Start Time will auto-stamp with the time and date Patient Position was documented.

When nurse enters "Supine" in the Patient Position log, the Total Time will auto-calculate with the length of time between Prone and Supine documentation.

Prone	Supine
06/27/2019 12:00:00	06/27/2019 14:30:00
2 hours 30 minutes	17 hours 21 minutes

*Pictures from Intensive Care Society Proning Guidelines 2019