Penn Medicine

Conscious Prone Positioning, NON-INTUBATED COVID Patient in NON-Critical Care Areas

Rationale: Patients with moderate COVID-19 lung disease with escalating O_2 requirements on the floor may benefit from conscious prone positioning.
Prone position is a rescue therapy, it should not be used as a replacement for ICU transfer or intubation.

Inclusion Criteria	Exclusion Criteria
♦ Bilateral diffuse or multifocal pulmonary infiltrates involving more than one lobe on CXR ♦ O_2 sat > 92% on ≤ 6L NC supplemental O_2 ♦ Ability to mobilize into and out of prone position independently ♦ Appropriate mentation (oriented and expressed understanding of why pronation is offered) ♦ Patients on HFNC - considered on a case by case basis, discuss with attending provider, RN, & RT	♦ Chronic lung disease ♦ Chest tubes ♦ $PaCO_2$ > 45 *if tested ♦ Spinal instability, vertebral compression fractures, other spinal issues ♦ Decision of withdrawal or limitation of therapy ♦ Pulmonary infiltrates of cardiac origin ♦ Pregnancy ♦ Aspiration Risk ♦ Morbid obesity with BMI > 45

Confirm Appropriateness

Verify Nursing Communication order. Record VS including O_2 saturation, prior to intervention

Offer Education

Inform patient and provide education (procedure and rational of intervention)

Verify Supplies & Readiness

Gather supplies & Prepare Patient

Maintain safety measures, secure all lines & drains

Instruct patient to roll over into prone position, supported by arms and pillows

Ensure O_2 supply tubing is unobstructed

Encourage self-movement every 1-2 hours

Initiate Monitoring

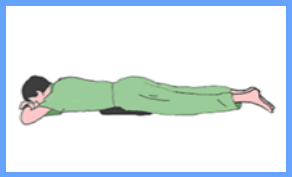
Stay with patient for first 5-10 min, monitor O_2 saturation, and record vital signs within 30 min

Some patients may not tolerate the maneuver and/or may desaturate

If patient desaturates (O_2 saturation < 92%), HR > 120*, RR > 24*

Ask patient to move back to semi-recumbent supine position

For patients on nasal cannula, increase FiO_2 to 6L NC



If O_2 desaturation persists:

Call covering provider (or rapid response if severe)

Increase FiO_2 to 8-10L or place on 100% NRB 10-12L if needed

For patients on HFNC, increase flow up to 20L and 100% FiO_2

Determine Frequency/Document

Prone cycle duration at least 2-4 hours – can trial longer if tolerated

Perform at least twice a day and discuss tolerance with medical team, nursing and RT.