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

**Rationale:** Patients with moderate COVID-19 lung disease with escalating O₂ 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

- Bilateral diffuse or multifocal pulmonary infiltrates involving more than one lobe on CXR
- O₂ sat > 92% on ≤ 6L NC supplemental O₂
- 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

### Exclusion Criteria

- Chronic lung disease
- Chest tubes
- PaCO₂ > 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 O₂ 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 O₂ supply tubing is unobstructed
- Encourage self-movement every 1-2 hours

### Initiate Monitoring

Stay with patient for first 5-10 min, monitor O₂ saturation, and record vital signs within 30 min
- Some patients may not tolerate the maneuver and/or may desaturate

If patient desaturates (O₂ saturation < 92%), HR > 120*, RR > 24*
- Ask patient to move back to semi-recumbent supine position
- For patients on nasal cannula, increase FiO₂ to 6L NC

If O₂ desaturation persists:
- Call covering provider (or rapid response if severe)
- Increase FiO₂ to 8-10L or place on 100% NRB 10-12L if needed
- For patients on HFNC, increase flow up to 20L and 100% FiO₂

### 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.