

# COVID-19: Prone Positioning for Patients NOT on Mechanical Ventilators – 4.20.20 1527

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## Purpose

This guideline is to give direction for turning patients with acute respiratory disease into the prone position, both those on a mechanical ventilator and those who are not. Assessment, care and management of the patient while proned is also addressed.

## Responsibilities

- Provider will order prone positioning.
- Registered Nurse (RN) will direct the process to prone and supine the patient; assess the safety of the patient both during the turning process and while proned.
- Respiratory Therapist (RT) will assure integrity of airway and respiratory device (high flow nasal canula, BiPAP/CPAP, or mechanical ventilator) during the turning process and while proned; will monitor patient's ventilatory status both when prone and supine.
- Other staff will assist with turning as needed.



## Patient Criteria for Prone Positioning


- Able to communicate distress or discomfort
- Appropriate mentation, able to follow instructions

## Contraindications to Prone Positioning

- Inability to tolerate prone position
- Recent nausea / vomiting
- Spinal, hip, cervical, femur fractures
- Tracheostomy tube
- Anterior wounds requiring frequent assessment
- Late pregnancy
- Morbid obesity (greater than 135 kgs.) or per patient tolerance

## Guideline Steps

Steps:	Key Points:
1. Have patient empty their bladder.	
2. Provide analgesic if needed	
3. Gather pillows to be used as needed for patient comfort when in the prone position. <ol style="list-style-type: none"> <li>a. NOTE: If patient is dependent for turns obtain a blue Patran sheet and a flat sheet.</li> </ol> 	3. Pillows may be placed as needed to support head, chest, abdomen, groin, shins, ankles, feet. 

<p>4. Verify IV site will be accessible regardless of patient position. Ensure IV is well secured.</p>	<p>4. For medication administration.</p>
<p>5. If ECG is being monitored:</p> <ol style="list-style-type: none"> <li>Reposition ECG leads to lateral chest.</li> <li>Remove V (brown) lead from anterior chest.</li> <li>Once patient is turned prone, place V lead on posterior chest, 4<sup>th</sup> intercostal space right side of the spine.</li> </ol>	<p>5. Maintain ECG monitoring and reduce the risk of pressure injury from lying on electrodes.</p>
<p>6. If oxygen saturation is being monitored, verify probe has a good SpO2 signal.</p>	
<p>7. Assess for potential skin breakdown sites and consider padding with silicone foam dressing as needed.</p>	<p>7. Prevent skin breakdown from pressure injury.</p>
<p>8. Move infusion pumps to the head of the bed or to the same side of the bed the patient will turn towards.</p>	<p>8. To reduce the risk of catheter dislodgement from excessive tension on the tubing.</p>
<p>9. Position all catheters, drainage tubes, etc. to exit the bed either at the foot or head end.</p>	<p>9. To reduce the risk of catheter or tube dislodgement from excessive tension.</p>
<p>10. Disconnect tube feeding or NG/OG suction.</p>	<p>10. Reduce entanglement of tubes.</p>
<p><b>Steps for Turning from Supine to Prone</b></p>	
<p>1. Ensure necessary staff are present.</p> <ol style="list-style-type: none"> <li>If patient is able to participate, may need additional hands to keep tubing straight.</li> <li>If patient is dependent for turning, will need 2 additional staff members.</li> <li>If patient has a respiratory device, such as high flow nasal cannula, BiPAP, CPAP, will need a Respiratory Therapist.</li> </ol>	<p>b. If ceiling lift is available, fewer staff may be needed. See step 5 of prone positioning with mechanical ventilator.</p>
<p>2. If independent, or able to participate:</p> <ol style="list-style-type: none"> <li>Have patient slowly turn onto one side while ensuring lines and tubes are out of the way.</li> <li>Have patient position themselves on their stomach with their head turned to one side.</li> <li>It may be most comfortable to have one arm next to their head and the other at their side (Swimmer's Position)</li> </ol>	<p>2. Have pillows ready prior to turning, place in areas that need padding. Prevent compression of breasts and genitals. Assure abdomen can move freely with breathing.</p> 
<p>3. If dependent:</p> <ol style="list-style-type: none"> <li>Place 1 Patran sheet and 1 flat sheet underneath the patient with the flat sheet next to the patient.</li> </ol>	<p>3. Video for use of Patran sheet to prone. NOTE: this video shows a different product which requires 2 sheets instead of the 1 used at Spectrum Health.</p>

<ul style="list-style-type: none"> <li>b. Position staff at the level of the patient’s shoulders and hips.</li> <li>c. Use the flat sheet to gently pull the patient towards one side of the bed.</li> <li>d. Position the patient’s arm and hand, of the side the patient is turning to, underneath the patient. This will ensure it can be pulled free once the patient is prone.</li> <li>e. Position patient onto their side.</li> <li>f. Position pillows at the upper chest, hips and or thighs</li> <li>g. Grasp flat sheet and pull/push the patient toward the opposite side of the bed, onto their stomach.</li> <li>h. Remove Patran sheet, straighten flat sheet to remove wrinkles.</li> <li>i. Lift shoulders slightly to ensure even distribution of pressure.</li> <li>j. Position one arm next to their head and the other at the side in “swimmers position”.</li> <li>k. Place a pillow underneath the patient’s shins to protect ankles and feet.</li> </ul>	<p>Video available here:  <a href="https://arjo-us.wistia.com/medias/tueacxsb51">https://arjo-us.wistia.com/medias/tueacxsb51</a></p> <ul style="list-style-type: none"> <li>d. For example, if turning patient to the right, put their right arm and hand underneath their body before turning.</li> <li>e. Pause as needed to readjust lines and tubes.</li> <li>f. Place pillows in areas that need padding. Prevent compression of breasts and genitals. Assure abdomen can move freely with breathing.</li> </ul>
<p>4. Adjust pillows for patient comfort.</p>	
<p>5. Reconnect any tubes that were disconnected.</p>	
<p>6. Validate that all monitors and infusions are working.</p>	
<p>7. Ensure call light, phone and any other appropriate patient items are within reach. Offer TV or music to patient.</p>	
<p>8. Be aware that oxygenation may worsen initially following prone positioning.</p>	<p>8. It may take 5 to 15 minutes for oxygenation to stabilize. Collaborate with the team to determine the appropriateness of maintaining prone positioning.</p>
<p><b>Management While Prone</b></p>	
<p>1. Within 30 minutes after completion of turn to prone position, assess and document:</p> <ul style="list-style-type: none"> <li>a. Breath sounds/effort</li> <li>b. Respiratory rate</li> <li>c. Amount of oxygen and device</li> <li>d. SpO<sub>2</sub></li> <li>e. Vital Signs</li> <li>f. Pressure points, comfort</li> </ul>	
<p>2. Encourage patient to turn head and reposition arms minimally every 2 hours.</p>	

3. Assess pressure points regularly and reposition as needed.	3. Prevent skin injury
<b>Turning from Prone to Supine</b>	
1. Repeat process as outlined above but turning the patient from prone to supine.	1. Assess vital signs, respiratory status and oxygenation once patient supine to evaluate tolerance of position change.
2. If ECG monitoring, remove V lead electrode from back and place in V <sub>1</sub> position.	
3. Assess anterior skin for signs of pressure injury.	