Proning Clinical Guidance

COVID-19

Purpose: To provide clinical guidance regarding both manual and device-assisted (bed) proning therapy.

Considerations: Risks and benefits, inclusion/exclusion local protocols.

- Manual proning is recommended for the early treatment of ARDS patients.
- See **updated PPE Guidance**: https://connect.medcity.net/web/ip/covid19

Assemble core team for proning maneuver → this should include 3 to 6 team members consisting of at least one respiratory therapist and one critical care nurse.

See steps on back

See updated PPE Guidance

VIDEO DEMONSTRATIONS

TCMC Manual Proning Video - Centennial Medical Center

SATL Manual Proning Video - South Atlantic Division

For more specific information, please view the **Proning Guidance:**

NURSING CONSIDERATIONS

- Skin Care
- Facial Protections (foam dressings)
- Monitor/support
  - Shoulders iliac crest
  - Feet
  - Eyes (including corneal lubrication)
- Majority of patients will require continuous neuromuscular blockade for effective proning therapy

EMERGENCY MANAGEMENT

1. Utilize 3-6 team members
2. Rotate patient to supine towards vent
3. Place backboard under patient

SEE STEPS ON BACK

TEAM-BASED MANUAL PRONING – PROCESS

Steps:

1. Identify prone maneuver leader (i.e. respiratory therapist at the top of the bed). Proning safely requires at least 2 staff members on the ventilator's side of the bed. Otherwise, we run into staff running from one side of the bed, to the other in order to "catch" the patient.
2. Position respiratory therapist at head of the bed. RT is responsible for maintaining ETT placement and patent airway.
3. Tuck patient's arms under their sides.
4. Remove ECG electrodes, to replace on the patient's side and back when the patient has been proned.
5. Empty all drains/empty urinary catheter.
6. Move all the lines and drains to run out of the head or bottom of bed.
7. Place flat sheet on top of the patient.
8. Place 3-4 pillows on the patient's body from chest to shins, ensuring to avoid the abdomen.
9. Place flat sheet on top of pillows/patient.
10. Roll the sheets (under and over the patient) together in a downward motion to tightly wrap the patient.
11. Slide the patient to edge of the bed (away from ventilator).
12. Rotate the patient and slowly turn toward vent (allowing for staff to perform a hand exchange in the lateral position) until the patient is in the prone position.
13. Assess lines and tubes for dislodgement/kinks/patient air entry.
14. Position arms in modified swimmers crawl position so the patient's face is in the direction of the raised arm. The other arm should remain straight with the palm facing up.
    a) Ensure the shoulder is not hyperextended.
    b) Shoulders should be kept in the neutral position with the elbow bent at a 90 degree angle allowing the hand to rest at the head area in order to prevent brachial plexus injury.
15. Ensure the pillows/gel pads are under the patient's chest, pelvis, and shins. This allows the abdomen to be supported, and elevate toes off the bed.
16. Reattach disconnected lines/cables and replace ECG electrodes.
17. Place bed in reverse Trendelenburg.
18. Reassess ETT cuff pressures, tidal volumes, O2 saturation, BP, HR, and general patient condition.
19. Obese Patients: Special considerations
    a) Adjust the number of staff to the needs of the patient.
    b) Utilize additional pillows or wedges to support pelvic and upper chest area in order to prevent pressure points in the abdominal area.