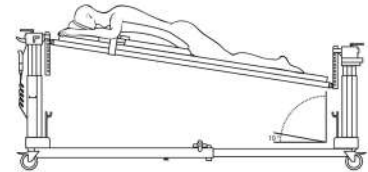


Proning Protocol for Awake Non-intubated COVID+ or PUI Patients

Eligibility

1. ED or ICUs only (for initial pilot)
2. Bilateral infiltrates on chest imaging (may work best for posterior ground-glass/consolidations)
3. Nasal cannula (regular or high-flow) or facemask, ideally less than 15L O₂
4. Awake patient with normal mental status and ability to communicate
5. Patient able to prone and supinate themselves without assistance
6. Physician, nurse and RT agree patient is a good proning candidate
7. No hypercapnia, vasopressors, multi-organ failure or recent vomiting



Protocol

1. Place bed in reverse trendelenburg position at 10 degrees --->
2. All tubing and attachments (oxygen, IV drips, foley, etc) to the patient should travel out of the top or bottom of the bed (not across the patient) so they won't be dislodged during pronation/supination
3. Patient can prone themselves by turning onto their abdomen for as long as they would like (ideally 16+ hours/day, but does not have to be continuous and just do as much time as tolerated)
 - a. Nurse may need to remove ECG stickers before turn and replace on the back after proning
4. Proned patients may use pillows under the head/chest/hips/shins to free the abdomen for comfort
5. Nurse can help the patient turn if needed
 - a. Nurse should be wearing PPE for turning (gown, surgical mask or N95, face shield, gloves)
6. Patient may stay proned if they fall asleep
7. Patient can supinate themselves when desired
 - a. Nurse may need to remove ECG stickers before turn and replace on the torso after supination

When to stop proning

1. If patient needs less than 4L O₂ when supine, can stop proning
2. If patient needs more than 15L O₂ (either prone or supine), consider intubation
3. If oxygen saturation is worse 15 minutes after patient goes supine->prone, go back to supine position
 - a. If patient desaturates while prone, first confirm oxygen tubing still attached to wall and patient

Send questions and feedback to dkelmenson@uabmc.edu