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**MAURY REGIONAL  
MEDICAL CENTER**

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Owner:	Jackie Miles: Educator, Clinical

Policy Area:	General Nursing
Cross References:	
Applicability:	MRMC

## Awake Proning Protocol for the Non-Intubated Patient

### POLICY:

Prone position may be utilized to improve oxygenation by promoting alveolar expansion and alveolar recruitment in the patient experiencing mild to moderate hypoxemia. This is **NOT** considered a rescue measure for escalating respiratory failure where intubation and aggressive prone therapy are indicated.

### SKILL LEVEL:

RN

NT/PCA may assist

### POINTS OF EMPHASIS:

#### ELIGIBILITY

- COVID positive/PUIs (persons under investigation) and other respiratory conditions
- Awake patient with good mental status
- Nasal cannula (regular or high-flow) or facemask (Maximum Flow rate of 40 L/min)
- No vomiting within the preceding 24 hours
- No evidence of hypercapnia on ABG
- No use of vasopressor medications
- Patient able to prone and upinate themselves without assistance
- Physician, nurse and RT agree that patient is a good proning candidate

#### CONTRAINDICATIONS

- Advanced pregnancy
- Any mechanical contraindications to prone positioning (facial/chest trauma, fractures)
- Refusal/inability to comply/collaborate with prone positioning.

### EQUIPMENT:

- Supplemental oxygen, as ordered
- Continuous pulse oximetry monitor
- Pillows or wedges

- Static air overlay or specialty bed, as needed
- Foam dressing/thin duoderm as needed to protect pressure areas

## PROTOCOL:

1. Patient can prone themselves as desired by turning toward oxygen tubing onto their abdomen for as long as they can perform comfortably.
2. The ideal time for prone position is at least sixteen (16) hours/day.
3. Nurse can assist patient to turn if needed during bundled care time. Nurse should be wearing PPE (gown, surgical mask or N95, face shield, gloves)
4. Patient may prone using a pillow as head-rest. Swimming position is optional.
5. Patient may stay proned if they fall asleep.
6. Patient can supinate themselves when desired.
7. Patient may try rotating between left or right lateral recumbent positions.

## INITIATION / MAINTENANCE:

1. Verify order
2. Explain procedure to patient and family.
3. If continuous cardiac monitoring/telemetry ordered, consider ECG leads placement on anterior or posterior chest wall to avoid pressure areas.
4. Initiate continuous pulse oximetry monitoring.
5. Monitor the initial first hour of prone position and observe for tolerance:
  - a. Document heart rate/rhythm, respiratory rate, SpO<sub>2</sub>, and oxygen therapy prior to initial prone positioning.
  - b. Document heart rate/rhythm, respiratory rate, SpO<sub>2</sub>, respiratory effort, oxygen therapy, and tolerance after initial hour of prone positioning.
6. If pronation tolerated, patient should continue to self-prone as tolerated and desired.
7. The ideal time for prone position is at least sixteen (16) hours/day.
8. Document Prone Checklist Q2 hr. to include: position, oxygen therapy, FiO<sub>2</sub>, oxygen flow rate, SpO<sub>2</sub>, pressure reduction device, and tolerance of prone position.
9. Document all skin assessments and preventative measures.
10. If patient's oxygenation improves significantly when supine (i.e. needs less than 5L O<sub>2</sub>), consult with Provider for the indication to stop proning related to condition improvement.
11. If patient's oxygenation needs (prone or supine) are above 40L O<sub>2</sub>, notify Provider to consider cessation of proning and alternative intervention (Intubation).

## NURSING CONSIDERATIONS:

- Patient is able to follow instructions and self-prone (aka lie on the stomach) with some minimal assist with devices/bed/positioning
- Consider placing patients with a Braden < 18 on a static overlay or specialty bed.

- Assess any potential pressure areas along bony prominences and apply prophylactic foam dressing, if indicated.
- Apply thin foam dressing under medical devices, especially on face.
- Align urinary catheter tubing toward the foot of the bed with the securement device in the middle of the leg.
- Have the patient use the bathroom prior to proning. Empty ostomy bags as appropriate.
- Instruct patient to recline on his/her stomach, supported by their arms and pillow(s) in such a manner that oxygen tubing is unobstructed.
- Pillows may be placed under the hips or legs for comfort.
- Positioning devices/pillows are needed to offload pressure points.
- Encourage microshifts of the head and body to relieve pressure in place of Q2hr turns.
- To facilitate the patient maintaining prone position the call light, phone, and bedside table should be placed within reach.

## REFERENCES:

[www.NPIAP.com](http://www.NPIAP.com), Pressure Injury Prevention; PIP Tips for Prone Positioning (Retrieved 04/13/2020)

Massachusetts General Hospital policy: Prone Positioning for the Non-Intubated Patients Guideline (04/022020)

### Attachments

No Attachments

### Approval Signatures

Approver	Date
Cathy Malone: Admin Director Cardio Pulmonary	4/17/2020
Susan MacArthur: Director, Clinical Education	4/17/2020

### Applicability

Maury Regional Medical Center