

# FAQ: Prone Positioning of the Awake & Alert Adult COVID-19 Patient

## Is Prone Positioning Safe for COVID-19 patients outside of the ICU?

Prone positioning intubated and mechanically ventilated patients with moderate-severe ARDS within an intensive care unit (ICU) is a proven life-saving intervention. There is some evidence of prone positioning resulting in transient improvements in oxygen saturation in patients with COVID-19 ARDS, however as of this publication there is no strong evidence of sustained benefit. Despite lack of evidence it may be reasonable to trial prone positioning in an awake and alert adult patient.

The accompanying decision tool can help your team determine if your patient meets criteria, based on current evidence, for use of prone positioning and then proceed with assisting the patient with prone positioning.

## Do you need an authorized prescribers order to use Prone Positioning?

Yes. Prone Positioning of the Awake & Alert Adult COVID-19 patient is not standard treatment. It requires careful consideration by the care team and an order from an authorized prescriber prior to initiating. AHS defines an authorized prescriber as a health care professional who is permitted by federal and provincial legislation, their regulatory college, Alberta Health Services, and practice setting (where applicable) to prescribe medications.

## Which members of the Patient care team should use this document?

This guidance is intended as a resource and decision-tool to support all members of the patient care team including: nursing, respiratory therapy, physiotherapy, occupational therapy, physicians/nurse practitioners and rehabilitation team members. Members of all of these groups were involved in consultation with the development of this document.

## How does Prone Positioning help a patient with COVID-19?

Prone position may assist with better ventilation and oxygenation in patients with the most severe forms of COVID-19 as it:

- Improves secretion drainage,
- Causes the diaphragm to move lower and backward (caudal and dorsal), which helps open up the bases of the lungs for gas exchange
- Takes the weight of the heart off of the lungs, thus decompressing the left lower lobe and part of the right lower lobe,
- Reduces the pleural pressure,
- Equalizes the transpulmonary pressure in the dorsal and ventral areas, which reduces the strain stress on recruited alveoli,
- May reduce ventilation-perfusion mismatches.

### Are there risks to use of Prone Positioning in Awake & Alert patients?

Yes. There are risks such as delayed intubation if the patient condition deteriorates, cardiac arrhythmias (thus use of cardiac monitoring is supported in evidence) and increased or new risk of musculoskeletal injury and pressure injury.

### We don't have access/ability to provide cardiac monitoring – can we proceed with prone positioning for a patient who otherwise qualifies?

Possibly. Evidence-based practice means using the most up-to-date evidence in combination with the skills and expertise of the care team and the particular needs and preferences of the individual patient. Existing cardiac arrhythmia is an absolute contraindication to use of prone positioning and new cardiac arrhythmia is one of the common risks of prone positioning. Thus, use of continued cardiac monitoring is supported in the evidence. However, this is only one aspect of evidence-based decision-making and your team may discuss and weigh the risk versus benefits for a particular patient.

### How long should a patient remain in Prone Position?

The goal is for the patient to remain in prone position (with timed position changes) for as long as tolerated and as long as they continue to meet criteria following regular assessment and monitoring. Prone Position goals must be balanced with individual patient monitoring for safety, comfort, breaks for eating, drinking and toileting and the effectiveness of the position for measured oxygenation.