

# Awake Proning of COVID-19 Patients

## Clinical Decision Making Tool

### Indications

- Known or suspected COVID-19
- Requiring FiO<sub>2</sub> ≥ 28% to maintain SpO<sub>2</sub> ≥ 92% (or 88-92% if risk of hypercapnic respiratory failure)
- No contraindications present

### Contraindications

- Haemodynamic instability (SBP < 90mmHg) or arrhythmias
- Need for immediate intubation
- Anticipated airway issues
- Unstable spine / thoracic injuries
- Recent abdominal surgery
- Inability to co-operate (agitation, delirium)

### Continue Supine

### Precautions

- Obvious respiratory distress (RR > 30)
- Facial injury
- Neurological issues (seizures)
- Morbid obesity (BMI > 40)
- Pregnancy (2<sup>nd</sup> or 3<sup>rd</sup> trimesters)
- Pressure injuries
- Unable to adjust position independently

### Continue Supine & Escalate to Medical Team

### Multidisciplinary Decision Made to Initiate Proning (Medical / Physiotherapy / Nursing)

- Consider number of staff required
- Have pillows for support (minimum 3)
- Brief / educate patient
- Secure oxygen therapy and ensure adequate tubing length
- Ensure other attachments are unobstructed
- Sedation must not be administered to facilitate proning

### Complete / Assist Proning Manoeuvre

- Maximise patient comfort
- Manage attachments
- Reassure patient

### Monitoring

- Oxygen saturations for 15 mins
  - SpO<sub>2</sub> 92-96% (or 88-92% if risk of hypercapnic respiratory failure)
- Tolerating position with nil obvious distress

YES

NO

### Continue Proning (See Figure 1)

- Change position every 2hrs as tolerated
- When supine, sit as upright as possible
- Monitor closely (especially after each position change)
- Wean oxygen as able

### Considerations

- Check oxygen therapy set-up
- Increase oxygen support
- Change / modify position
- MET call as appropriate

### Discontinue if:

- Clinically deteriorating
- Not tolerating position

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## Proning Implementation

### This patient may benefit from spending time in the prone position

There is some evidence that the prone position (lying on their stomach) for conscious COVID-19 patients requiring basic respiratory supports may be of benefit in terms of:

- Improving oxygenation
- Improving V/Q matching
- Recruitment of posterior lung segments
- Avoiding need for intubation / escalation of care

Figure 1: Awake Proning Process

If the patient fulfils criteria for proning, where possible, encourage the patient to **switch positions every 30 minutes to 2 hours** as needed; the more time they can spend **prone** the better:

#### 1. Prone



#### 2. Lying on Right Side



#### 4. Lying on Left Side



#### 3. Sitting Upright



## References

Adapted from Intensive Care Society Guidelines (Bamford et al., 2020)  
<https://emcrit.org/wp-content/uploads/2020/04/2020-04-12-Guidance-for-conscious-proning.pdf>

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# Awake Proning of COVID-19 Patients

## Patient Information

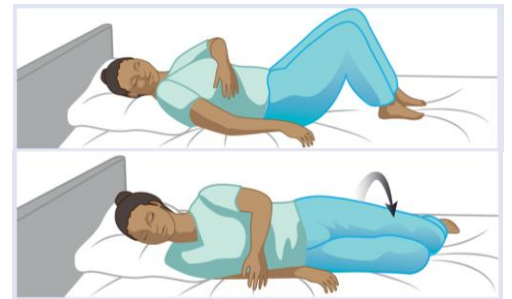
**Proning is when you lay flat on your stomach for a prolonged time**

We may ask you to lay in the following positions to help:

- Get oxygen into your lungs
- Lower your risk of getting severely ill
- Reduce your breathlessness
- Assist you to recover quicker

## Practical Tips for Rolling

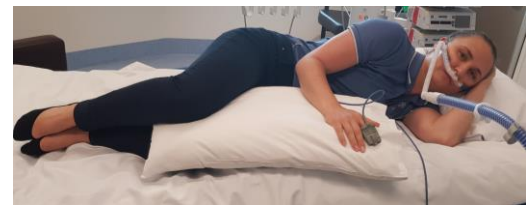
1. Move body to opposite side of bed
2. Turn head in direction of turn
3. Reach across with arm
4. Bend knee and push off foot
5. Rearrange pillows until you are comfortable



### 1. Lying on Stomach



### 2. Lying on Right Side



### 4. Lying on Left Side



### 3. Sitting Upright



**Try staying in each position for 30mins to 2 hours**

**If comfortable, the longer you can spend on your stomach the longer the benefits**



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