



# Mechanical Ventilation Prone Positioning Guidelines

## Oxygenation Goals

1. P:F > 150
2. PEEP ≤ 10 cm H<sub>2</sub>O
3. FiO<sub>2</sub> ≤ 0.6

### 1. Determine the need for prone therapy

- a. Confirm patient has failed to meet oxygenation goals
- b. Option to allow 12-24 hours for improvement
- c. Re-confirm patient has failed to meet oxygenation goals

### 2. Review the relative contraindications for prone positioning on the Mechanical Ventilation Guidelines and make necessary modifications.

Example: obese patients may require strategic wedges to evenly distribute weight while prone. Discuss and plan for support of unstable fractures or open abdomens during turning process.

### 3. Prone positioning algorithm

- a. Once supine, confirm that an ABG has been obtained within the last hour
- b. Place the patient in prone position
- c. Obtain another ABG one hour after patient is prone
- d. Nurse and respiratory therapist together turn patient's head and tilt body every 2 hours
- e. Place the patient in the supine position the following morning and every morning thereafter according to the steps below:
  - Perform routine nursing care (evaluate skin, bathe, perform mouth care)
  - Obtain a portable chest x-ray
  - Perform daily sedation hold
- f. Once care is complete, obtain an ABG and determine if oxygenation goals are met:
  - If oxygenation goals are met, remain supine for 4 hours
  - If not met, return to prone position at or before 6 hours
- g. After 4 hours supine, obtain an ABG and determine if oxygenation goals are met:
  - If goals are met, remain supine
  - If not, resume prone position
- h. Once decision made to remain supine, assess sedation and oxygenation goals:
  - If Riker 3 or 4 and oxygenation goals are met, begin weaning PEEP and FiO<sub>2</sub>
  - If not, resume sedation at half dose and consider resuming prone positioning
- i. Steps should be repeated daily until the patient achieves requirements for cessation of prone positioning
- j. If the patient is not achieving goals to remain supine, they should return to the prone position at or before 6 hours. **The patient should remain prone at least 18 hours a day.**

Guidelines extrapolated from:

Guerin C, Reignier J, Richard JC, et al. Prone Positioning in Severe Acute Respiratory Distress Syndrome. N Engl J Med 2013; 368:2159-2168