

## University of Chicago Medicine

**TITLE:** Protocol for Self-Proning of COVID-19 Patients Outside the ICU

**ISSUE DATE:** April 2020

**PURPOSE:** Protocol for nursing staff to assist non-ICU COVID-19 positive patients to practice self-proning.

Inclusion Criteria: COVID+ patients who are:

- Alert and oriented x4 (person, place, time, situation)
- Oxygen saturation >92% and stable on 2-6L nasal cannula
- Able to independently turn to stomach and return to back

Exclusion Criteria: Patients who have any of the following:

- High fall risk
- Confusion, altered mental status
- Inability to protect airway
- Respiratory distress
- Nausea, vomiting, aspiration risk
- History of epilepsy or seizures, increased intracranial pressure
- Abdominal, chest, face, neck, back, shoulder, spinal wounds
- Abdominal, chest, face, neck, back, shoulder, spine, pelvic surgery within past month
- History of injuries/fractures of ribs, clavicle, shoulder, neck, spine, back, hip, pelvis, femur, lower legs
- Pregnancy
- Chest tubes, pleurex drain

**TYPE:** Nursing Protocol

**DEPARTMENTS:** Nursing department COVID+ units on 9E, 9W, 8E, and 8W

### **PROCEDURES:**

#### Before Proning:

- Assess for provider order for patient self-proning
- Assess patient for inclusion criteria and ability to independently self-prone and return to supine position
- Assess patient for exclusion criteria
- Assess patient respiratory status prior to initiating self-proning
- Avoid proning immediately after meals
- Assure patient voids prior to proning or urinary catheter in place and has been drained
- Secure IV sites
- Secure EKG leads or place electrodes on back
- Assure nasal cannula, pulse oximeter and nursing call light in place
- Provide patient with pillows for support, under head, chest, abdomen, legs as needed

- Educate patient on maximum length of time for proning: 3 hours
- Educate patient related to positioning: arms at sides, above head, or swimmer's position; head to side
- Educate patient to reposition arms and head every hour

During Proning:

- Assist patient to position of comfort as tolerated (reverse Trendelenburg, side lying or between 90-180° is beneficial)
- Assess vital signs, respiratory status, oxygenation and tolerance to prone positioning per orders
- Return to supine position if:
  - Feeling more difficulty breathing
  - Feeling nauseous, weak, dizzy, pain or tingling in neck, arms or legs
  - Feeling skin irritation/pressure

Post Proning:

- Assess vital signs, respiratory status, oxygenation per orders
- Assess pressure points (face, ears, shoulders, knees, legs, ankles) for skin breakdown
- Document in the flowsheet the time patient prones and returns to supine position.
- Document in Nursing Notes any significant events, patient tolerance to proning

**INTERPRETATION, IMPLEMENTATION, REVISION:** The Department of Nursing in collaboration with the Hospital Incident Command Center are responsible for the protocol.

**CROSS REFERENCE:** Prone Positioning in the ICU