



The Prone Position



What is Proning?

It is simply flipping the patient from sleeping on their back (supine) to sleeping on their tummy (prone).

Why prone?

Multiple good evidence suggest that the prone position is very helpful in increasing the oxygen levels and improve the chance of survival in the severe cases of respiratory failure (acute respiratory distress syndrome ARDS) and the severe COVID-19 cases.

How does it work?

Many mechanisms are associated with the improvements seen during the prone position. The collapsed lung units (alveoli) are worse on the lower back parts of the lungs and the flipping helps open those units, the position might also reduce the chance of the lung injury that can happen from the ventilator. Blood circulation from the heart to the lungs can improve.

Additionally the weight of the heart and abdominal organs and improve secretion drainage are other factors.

For how long the patient stay in that position?

Compared to couple decades ago, now most patients are kept in that position for 12-16 hours versus 8 hours. However if the patient deteriorates when placed supine, proning can be prolonged. There are no exact guidelines on how many hours or days exactly.

Usually the procedure is tried daily till the oxygen levels of the patient improves.

How is it done?

There are specially beds that facilitate the procedures, but usually not very available and expensive. Manual proning is usually done with a team of clinicians including physicians, nurses, and respiratory therapists with each has a role and coordinate together to avoid any risks.

What are the risks of that position?

The position comes with some risks though most studies showed that they are not more dangerous or higher than the regular supine position.

- Dislodgment of the airway tube (falls out)
- If the patient's HR/BP are severely unstable
- Pressure sores and injury to face/eyes
- Can increase the pressure in the brain and abdomen