Dr. P. Phillips Hospital Prone Positioning Protocol

Criteria for Consideration:
*Following 12-24hr stabilization period
- PaO₂/FiO₂ < 150 mmHg
- PEEP ≥ 5 cmH₂O
- FiO₂ ≥ 0.6
- V̇̇̇̇̇̇̇̇̇̇̇̇̇ 6 mL/Kg PBW

Exclusion Criteria:
- Intracranial pressure > 30 mm Hg or cerebral perfusion pressure < 60 mmHg
- Massive hemoptysis requiring an immediate surgical or interventional radiology procedure
- Tracheal surgery or sternotomy during the previous 15 days
- Serious facial trauma or facial surgery during the previous 15 days
- Cardiac pacemaker inserted in the last 2 days
- Unstable spine, femur, or pelvic fractures
- Grossly distended abdomen, ischemic bowel, recent abdominal surgery
- Single anterior chest tube with air leaks
- Previous Lung transplantation
- Burns on more than 20 % of the body surface
- Chest wall abnormalities
- End-of-life decision before initiation
- Refusal by proxy

High Risk Patients:
- Difficult airway/intubation
- Undergoing hypothermia protocol
- Acute hemodynamic instability
- Acute asthma, O₂ dependent COPD, or pulmonary abscess
- Patient unable to be turned by 2 people

Patient to remain in prone position for 17hrs in absence of deterioration/hemodynamic instability.
*May prone again after ≥ 4hrs.

Do Contraindications Apply?
- Yes → Continue treatment and plan of care. Reevaluate daily.
- No → Ensure Adequate Staff Available: 3 RN & 1 RT

Is the patient in pain, agitated/anxious?
- Yes → Utilize Adult ICU Pain, Sedation, & Delirium Assessment/Treatment Algorithm to achieve targeted RASS/CPOT
- No → Perform Prone Position Maneuver

Perform Prone Position Maneuver

Does patient tolerate turn?
- No = Unable to stabilize hemodynamic status after 10 minutes despite intervention
- Yes → Resume all monitoring, lines, and feeds

Perform as needed:
- Oral and ET suctioning
- Eye care
- Repositioning

Ensure Adequate Staff Available: 3 RN & 1 RT