Criteria for Consideration:

- PaO2/FiO2 <150mmHg
- PEEP ≥5cmH2O
- FiO2 ≥0.6
- VT 6mL/Kg PBW
- 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

Do Contraindications Apply?

Yes → Continue current treatment and plan of care. Reevaluate daily.

No → Ensure Adequate Staff Available: 3 RN & 1 RT

Ensure all clinical assessments and interventions have been completed
Explain the purpose and process to the patient/family
Perform ABG
Disconnect all Non-Essential Lines and Devices
Discontinue enteral feeding and aspirate NG/OG tube
Verify security of ET tube
Perform ET and oral suctioning
Assess eyes and perform eye care

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

Is the patient in pain, agitated/anxious?

- Yes
  - Utilize Adult ICU Pain, Sedation, & Delirium Assessment/Treatment Algorithm to achieve targeted RASS/CPOT
  - Perform Prone Position Maneuver
  - Does patient tolerate turn?
    - Yes
      - Resume all monitoring, lines, and feeds
      - Perform as needed:
        - Oral and ET suctioning
        - Eye care
        - Repositioning
    - No
      - Perform ABG after 30 - 60 min
      - Refer to attending physician for follow-up as needed
      - *Positive response = PaO2 increased ≥1.3kPa (10 mmHg)

- No
  - Return to Supine
  - Patient to remain in prone position for 17hrs in absence of deterioration/hemodynamic instability.
  - *May prone again after ≥4hrs.

Perform Prone Position Maneuver

Return to Supine

Yes

No

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