

PRONE VENTILATION FOR COVID-19

EMS Focused Tools

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Indications:

Self prone:

- Hypoxia despite NC 6LPM, Able to self turn

Intubated:

- PaO₂:FiO₂ <150 on FiO₂ ≥ 60% and PEEP ≥ 10 cm H₂O

Why it works:

- Improve V/Q mismatching
- Increase alveolar recruitment
- Aid in the distribution of extravascular fluid



DellaVolpe J, Lovett J, Martin-Gill C & Guyette FX (2016) Transport of Mechanically Ventilated Patients in the Prone Position, *Prehospital Emergency Care*, 20:5, 643-647

Procedures:

- Obtain report, assess current status, ventilator settings
- Place monitors posterior prior to transport, consider pads
- Request anesthesia pillow (if available)
- Contact medical oversight prior to patient movement
- Blanket roll for under patient's chest/head
- Head turned to the right, bite block in place w/ access to airway
- Dedicate crewmember to patient's head to guide movement
- May need an additional crew member for "the flip" in transport
- Use slider board to move patient in the prone position being mindful of all lines currently connected

Risks:

- Limited access to the patient
- Secretion management

Pitfalls:

- Tube dislodgment
- Inability to access chest / airway
- Increase likelihood for mucus plug
- Increased risk of developing pressure ulcers
- Medication / Invasive line kinking

❖ Must be practiced with plan for rescue including "the flip"