

# Intensive Care Unit Ruby: Proning Protocol

## Indication for Protocol:

- Severe ARDS (Pao<sub>2</sub>:Fio<sub>2</sub> ratio of <100 mm Hg, with an Fio<sub>2</sub> of ≥0.6 & a PEEP of ≥5 cm of water).
- Lack of improvement with appropriate medical management
- Within 7 days of inciting event

## Contraindications:

- Unstable spinal or pelvic fractures
- Facial injury
- Open abdomen
- Cardiovascular instability
- Intracranial hypertension
- Head injury with elevated ICP
- IABP
- Pregnancy

## Complications/Risks of proning:

- Unplanned extubation or ETT dislodgement
- Loss of vascular access
- Need for chemical paralysis & increased sedation
- Pressure related skin breakdown



Follow the WVU Prone Medicine Pressure Injury Prevention Guide!



NIH NHLBI ARDS Clinical Network  
Mechanical Ventilation Protocol Summary

## Pre-Procedure Huddle: Proning

Physician, RN, & Respiratory Therapist involved have a section that they need to fill out before the procedure is started!

- Required equipment at bedside must include: intubation kit, airway exchange catheter, Bougie, C-MAC monitor & blade
- Emphases of Emergency Contingency Plan include: accidental extubation or ETT dislodgement, rapid supination in the event of cardiac arrest, hemodynamic instability, loss of arterial line or vascular access
- **Prior to proning → plan procedure, establish team leader, safety checks, & review emergency contingency plan with all staff at bedside prior to turn!**

## EPIC ORDER SET

**ORDER SET → RUBY: Proning Protocol [6871]**

## Protocol Driven Goals:

- **Minimum of 16 consecutive hours in prone position**
- **Supine position of 4 hours or less**

## Proning Protocol Order Set →

Includes RT & RN orders for:

- Triadyne Proventa Specialty Bed Panel
- Prior to Prone
- Immediately after Proning
- While Prone
- Prone to Supine
- Immediately after Supination
- While Supine

## Highlights of the protocol:

- Protocol must be ordered by MD/DO, or APP
- Each unit will have their designated MD with intubation skills at the bedside with each prone & return to supine.
- While in prone → reposition swimmer's position q2 hours with RT at the bedside.
- Notify MD/DO for tidal volume > goal 4-6 mL/kg PBW, pH < 7.2, or PaO<sub>2</sub> < 55.
- ABG/lactate q4 hours
- Diet modifications

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Prone Positioning in Severe Respiratory Distress Syndrome

**In severe ARDS, early application of prolonged prone-positioning sessions significantly decreased 28-day & 90-day mortality.**