

Prone Positioning Patients for ARDS and Non-Ventilated Prone Position

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Consensus Statement by CommonSpirit Health Critical Care Clinical Council (C5) for the Management of Patients Affected with COVID-19 Disease and ARDS.

In a joint statement by American Thoracic Society, European Society of Intensive Care Medicine and Society of Critical Care Medicine, and the National Institute of Health (NIH) prone positioning of patients with ARDS was recommended as the standard of care. Performing this strategy early and for at least 12 - 16 hours per day in patients with moderate to severe ARDS has shown to be beneficial and associated with reduced mortality.

Prone positioning has also been found to have benefits in COVID -19 non-ventilated patients early in their hospitalization. The NIH states, “For patients with persistent hypoxemia despite increasing supplemental oxygen requirements in whom endotracheal intubation is not otherwise indicated, the Panel recommends considering a trial of awake prone positioning to improve oxygenation (CIII)”.

Please refer to this [BOX link](#) for the **newly designed CommonSpirit Health ventilated patient prone algorithm** and **Non-ventilated prone position algorithm**, examples of manual proning protocols and journal articles.

Other links include: [UpToDate](#) and for additional nursing instructions/videos please use the Elsevier links for [CHI](#) and [Dignity Health](#)

For assistance please do not hesitate to reach out to:

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