



CONFERENCE ABSTRACT

Prone Positioning: Examining a Key Supportive Strategy in ARDS

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Has your unit's use of prone positioning in ARDS changed because of the pandemic? Evidence supports prone positioning benefits gas exchange, reduces ventilator induced lung injury and mortality. This foundational session discusses the physiological benefits of proning, when to initiate and how to perform it safely for the patient and staff. Strategies for incorporating lessons learned from the pandemic to consistently integrate prone positioning as a front-line strategy for ARDS are discussed. During the pandemic, proning was brought to light as a significant part of the treatment plan for patients with ARDS. However, prior to COVID, only 16% of the world was using prone positioning for ARDS. Proning is indicated as front-line therapy for patients with severe ARDS defined as PaO₂/FiO₂ ratio of < 150mmhg with an FiO₂ of at least 60% and positive end expiratory pressure of at least 5cm H₂O. The health care team's goal is focused on the right ARDS patient, at the right time and for the right amount of time. The first step is to outline indications and contraindications for the use of the position. A challenging component to using the therapy is the turning sequence and nursing the patient while in the prone position. Methods to reduce skin injury, ensure airway stabilization and prevent healthcare worker injury are critical to the adoption of the practice within an ICU unit and are discussed.