PRONE VENTILATION

What it is and why we do it?

An information leaflet to help patients' relatives and friends understand what we do on the intensive care unit
Prone Ventilation:

What and why?

What is proning?

Proning is when the ICU staff turn a patient to lie them on their front, in the 'prone position'. The patient will already be connected to a ventilator.

Why do we do this?

Some patients on Critical Care with COVID-19 develop a serious breathing problem called *Acute Respiratory Distress Syndrome*, or ARDS. Despite already being on a ventilator, they may have low blood oxygen levels. Maintaining an appropriate oxygen level is vital.
Proning patients has been shown to improve lung function. This improves oxygen levels and improves the patient's chances of recovery.

What are the benefits of proning?

Current scientific evidence shows that, for appropriate patients, proning:

- **Improves oxygen levels**

- **Helps get rid of secretions from the lungs**
- **Reduces time on the ventilator and stay on ICU and improves the chances of survival in ARDS.**

How long do we prone patients for?

Typically, patients are placed on their front for between 16 to 20 hours, after which they are turned on their back again.

Are there any risks with proning?

The process of turning patients on their front is performed by trained staff, including specialist medical doctors. As with any process, this carries some risks. You may notice patients develop swelling of the face and eyes or breaks in the skin which should improve with time. Care is always taken to avoid skin pressure and nerve injury, although these are potential risks.

How long can proning go on?

We may repeat proning several times over a number of days. If patients do not improve, or worsen when prone, they may be turned onto their backs earlier than normal.

What does proning look like?

The picture below gives an idea of what a patient may look like when they are prone:

Will proning hurt?

We check that patients continue to receive enough sedation and pain-relief, ensuring they should not experience any discomfort.

Do patients still get fed?

Patients are normally still fed by a feeding tube through the nose or mouth, called a nasogastric (NG) tube.

Why does it work?

Turning the patient allows the front and back of the lungs to re-balance and improves the flow of oxygen into all parts of the lung.

There is still some uncertainty about the exact details of why the treatment works. This may explain why proning works better in some patients than in others and why in some patients it doesn't work at all.