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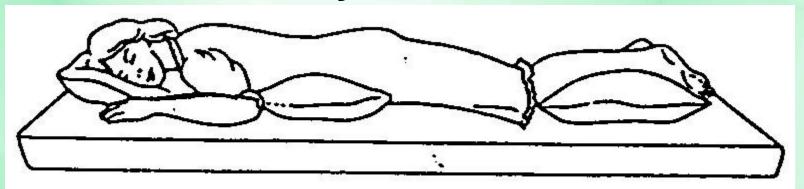
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Prepared to Prone

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A PASSION FOR BETTER MEDICINE."



PURPOSE

To develop a standardized prone protocol to provide safe and effective therapy to patients

PICO QUESTION

In adult ICU patients with ARDS, will the use of prone positioning improve respiratory outcomes when compared to standard supportive therapy?

PRONE POSITIONING

What is the benefit?

- It is used as a short-term supportive therapy in an attempt to improve gas exchange in patients with severely compromised lungs
- Greater than 70% of patients with ARDS will show a 20% increase in PaO2 within two hours of placement in the prone position

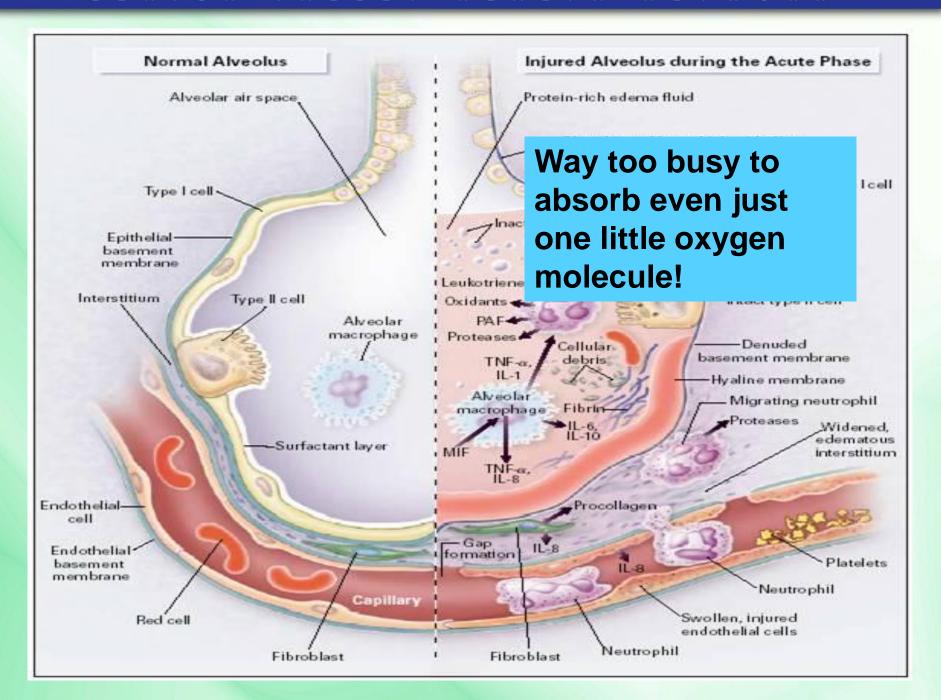
ARDS PATHOPHYSIOLOGY

Acute Respiratory Distress Syndrome

- It occurs either as a result of direct or indirect lung injury
 - Known causes include sepsis, trauma, surgery or other serious illnesses
- Results in severe hypoxemia refractory to conventional treatment
- Mortality rate of 35 to 45 percent

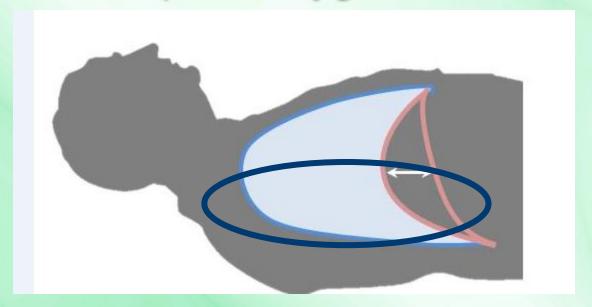
ARDS DEFINITION

- Occurs within one week of known insult or new or worsening respiratory syndrome.
- Bilateral infiltrates on chest xray
- Respiratory failure not explained by cardiac failure or fluid overload
- Hypoxemia
 - Mild
 - Moderate
 - Severe



SUPINE PERFUSION

 When a patient is supine lung perfusion occurs in tissue that is injured resulting in less than adequate oxygenation



ARDS TREATMENT OPTIONS

- Supportive therapy including:
 - ARDS Net Ventilation
 - Small tidal volume ventilation
 - Volume Diffusive Respiration
 - Prone Positioning
 - ECMO

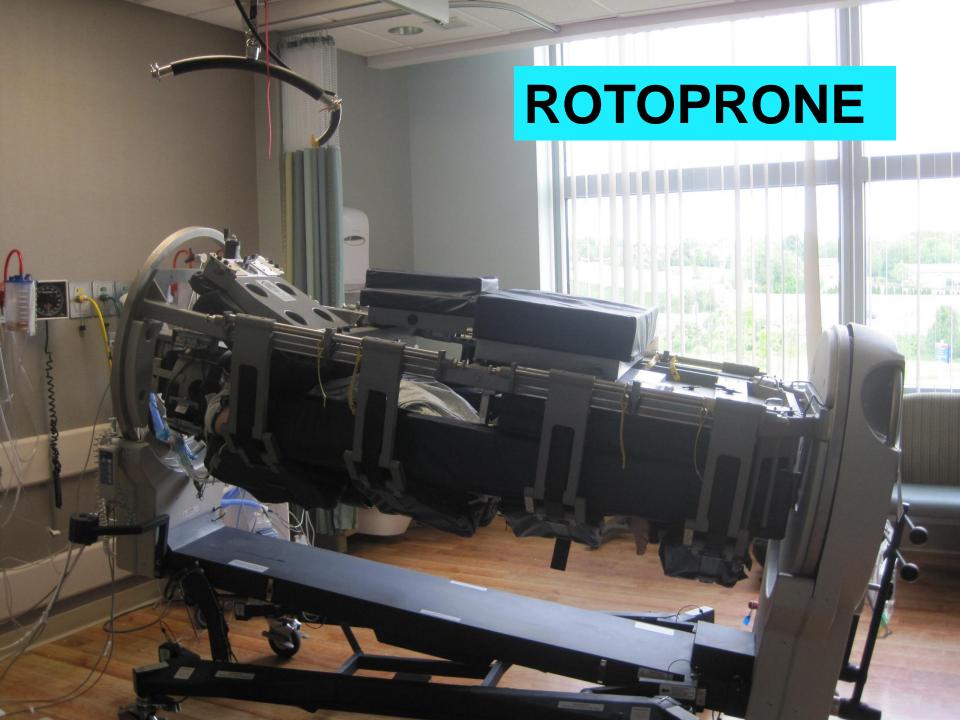
LEHIGH VALLEY HEALTH NETWORK

ARDS VENTILATOR THERAPY



OPTIONS FOR PRONING

- Rotoprone-rental bed, self contained unit with programmable turn system; limited availability
- Triadyne-air bed with proning cushions
- Manual Turn-patient is turned on existing surface
- Tortoise Prone Positioner-new product



TRIADYNE PROVENTA WITH PRONING CUSHIONS



Tortoise Positioner



SURVIVING SEPSIS CAMPAIGN Recommendations on Proning

 We suggest prone positioning in sepsis-induced ARDS patients with a PaO2/FIO2 ratio <= 100 mm Hg in facilities that have experience with such practices (grade 2B).

EVIDENCE

- Fernandez, R. et al. (2008)
- RCT investigated positioning patient supine versus prone up to 20 hours/day with initial positioning event within 48 hours post diagnosis of ARDS.
 - Supine: n= 19; Prone: n= 21.
 - 15% lower mortality in prone group (38%) compared to supine group (53%).

EVIDENCE

- Wright, A. and Flynn, M. (2011). Using the Prone Position...(lit review)
 - Prone positioning of ventilated patients first used in the 1970's
 - While positioning helped improve oxygenation, overall mortality did not improve.
 - Inconsistent use continued; further studies revealed
 - Prone positioning is best applied in multiple episodes for long periods, using a reverse trendelenberg position with a free abdomen.. However...
 - Evidence is not robust
 - Studies have variations in designs
 - More research is needed

THE STUDY THAT STARTED IT ALL AGAIN!

EVIDENCE

- Guerin, C. et al. (2013) RCT investigated positioning patients supine versus prone for at least 16 hours/day with initial positioning event within 12-24 hours post diagnosis of ARDS.
- Supine: n= 229; Prone: n= 237.
- 28 day mortality for prone group was 16%, for supine group was 32.8% (P< 0.001).
- 90 day mortality for prone group was 23.6% and for supine group was 41% (P < 0.001).

BARRIERS & STRATEGIES

Barrier:

- Complexity of manually proning a patient, potential risks to patient when prone (i.e. disruption of invasive lines, skin breakdown, etc.).
- No physician consensus on which therapy to use
- Strategy to Overcome:
- Educate staff on: pathophysiology of ARDS, benefits of proning in treatment of ARDS, manuevers to manually prone, importance of thorough/frequent skin assessment and care. Practice implementing manual proning manuevers with mannequin.

EXPECTED OUTCOMES

- Clinical practice guideline for prone therapy
- Standardized proning procedure
- Bed surface identification

PROJECT PLANS

References

- Fernandez, R. et al. (2008). Prone positioning in acute respiratory distress syndrome: a multicenter randomized clinical trial. Intensive Care Med. 2008 Aug; 34(8):1487-91.
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