

PRONE VENTILATION INFORMATION FOR RELATIVES

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PRONE VENTILATION INFORMATION FOR RELATIVES

Critical Care can be an overwhelming place for both patients and relatives. This information sheet provides information about why we 'prone' patients in Critical Care.



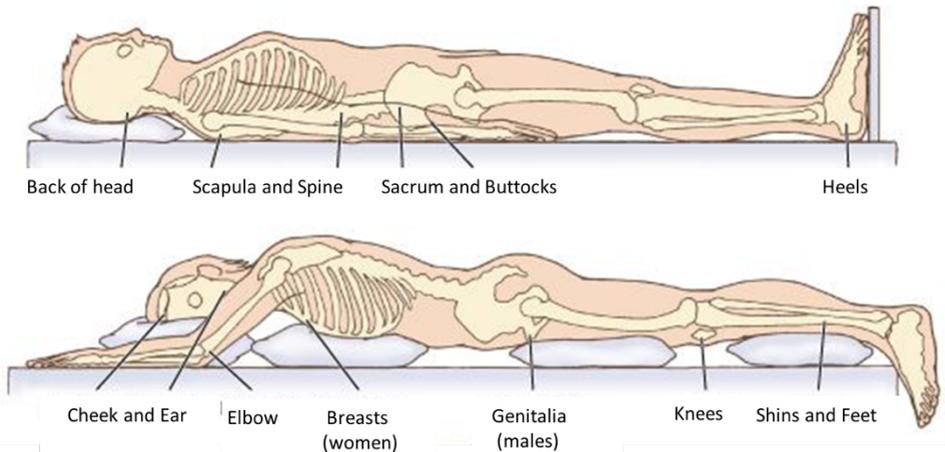
WHY

- Many critical care patients are unwell with respiratory failure and may require the help of a breathing machine called a ventilator to support them.
- The term “respiratory failure” refers to either low oxygen in the bloodstream, failure to clear waste gases (such as carbon dioxide) from the bloodstream, or a mixture of the two problems.
- When patients’ lungs are damaged or affected by specific diseases getting enough oxygen into them can be particularly difficult.
- Maintaining good blood oxygen levels is important in trying to prevent damage to the vital organs which may otherwise occur as a result of low blood oxygen.

BACKGROUND

Research over many years has shown us that some patients with respiratory failure and low oxygen levels may have a better chance of survival if ventilated in the prone position.

SUPINE is the usual position patients are cared for in bed, i.e. lying on their back.



PRONE means patients are lying on their front.

PRONING is the process of getting a patient into this position so that they can be treated whilst lying on their front.

SUPINATING is the process of turning the patient onto their back.

HOW WE DO IT?

Turning a critically unwell patient either prone or supine requires a team of specially trained staff. The team are also involved in changing the patient's head and arm positions every few hours to reduce the risk of pressure-related damage. The timing of position changes is carefully considered to ensure the safety of our patients is prioritised.

DURATION

Patients are usually placed in the prone position for around 16 hours, typically overnight. They then spend around 8 hours during the daytime supine. It is often necessary to repeat the proning process a few times. Some patients may not find prone ventilation effective. Others may not tolerate the planned prone duration and will be returned to a supine position before 16 hours.

SIGNIFICANT COMPLICATIONS

- Displacement of the breathing tube - There is a dedicated staff member in the team to minimise the risk of this. Should the tube become displaced they will have immediate access to the kit required to re-site it.
- Heart rhythm abnormalities/drop in blood pressure – These are usually managed, as we would if the patient was in a supine position, with fluid/ salt replacement, drugs or possible shock therapy.
- Drop in blood oxygen – This can occur after a turn and is usually short-lived. Patients are closely monitored and if oxygen levels do not recover then they will be returned to a supine position.
- Pressure sores – This is caused by tissue damage when the blood supply to an area of skin is diminished as a result of pressure. All patients are at risk of these, however, laying prone means less fleshy areas of the patient's body are in contact with the bed and pillows. We routinely apply gels, adhesives or dressings to pressure areas on the face to minimise the risk of damage.
- Swelling to the face and eyes. This will settle down with time once the patient is able to be routinely care for on their back.

HOW WE HELP

- The healthcare team looking after the patients work really hard to try to reduce and prevent the complications associated with proning.
- All efforts are made to ensure all of our patients are safe, comfortable and free from pain with sedation and pain killers.