

COVID-19: KEEPING UP WITH A MOVING TARGET August 21, 2020 UPDATE

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Learning Objectives

- Describe what proning is and why it works.
- Discuss how proning has been employed in the COVID-19 patient population.
- Describe how Johns Hopkins and the Lifeline team employ prone positioning and its rapid deployment of the therapy.





Thank You

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- Treatment strategy to improve oxygenation in severe ARDS
 - o P:F ratio < 150
 - Refractory hypoxemia unresponsive to vent management
- Simple by definition
 - Requires team approach
 - Requires planning and attention to detail
- Methods
 - Bed to bed
 - Specialty beds







Show Me The Evidence...

- PROSEVA trial (2013)
 - o Prospective randomized control trial
 - o Prone positioning improved both 28-day and 90-day mortality
 - Similar complication rates in both groups







Show Me The Evidence...

- APRONET trial (2018)
 - Prospective prevalence study
 - Prone positioning used in 32.9% of patients with severe ARDS
 - Low complication rate
 - Significant increase in oxygenation
 - Significant decrease in driving pressures

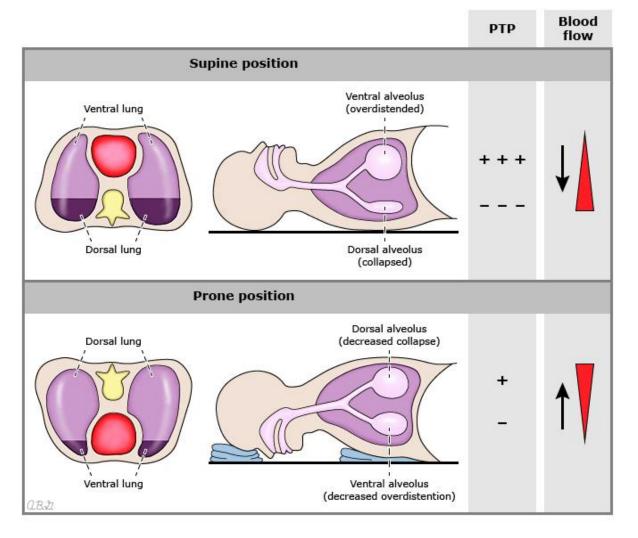






Physiological Effect

- Reducing ventral-dorsal transpulmonary pressure difference
- Reduced lung compression
- Improved lung perfusion



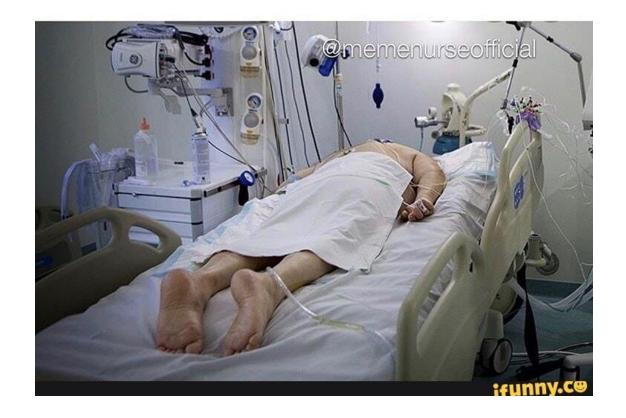
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Proning and COVID-19 ARDS

Face down, sats up...









Proning and COVID-19 ARDS

- Lessons learned
 - Atypical ARDS pattern lungs maintain compliance
 - Proning over pressure
 - Observational study from Wuhan in February 2020
 - Strong recommendation to prevent deterioration of patient condition
 - Published by front line intensive care experts from Wuhan







Proning in Non-Intubated COVID-19 Patients

- Minimal data available in adults pre-COVID times
- Data from case studies supportive
 - Safe, feasible, and well tolerated
 - Improved P/F ratio, intubation avoidance





Johns Hopkins Proning Team









Lifeline Deployment

- Safety first, always
- Paradigm shift











To submit your own question, please email QA@dkbmed.com







What happens when a patient in the prone position goes into cardiac arrest?

How do you perform effective CPR?







Are patients developing pressure ulcers? How are you preventing them?







Are you seeing any complications from proning?





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