Innovative positioning to improve COVID-19 patient outcomes

Clinical management of patients with COVID-19 is challenging and has evolved over the course of the pandemic. One of the clinical hallmarks of this novel virus is the impact on the patient's respiratory system and resulting respiratory distress.

Patients who have severe problems with breathing need a wide range of support, from breathing treatments and supplemental oxygen to intubation and mechanical ventilation for life support. Mechanical ventilation can give the patients' lungs a chance to recover, but sometimes breathing does not improve and the physicians, registered nurses and respiratory therapists need to implement other approaches.

Since 2013, Washington Hospital nurses have used a technique known as "prone positioning," or having the patient lie face down, as an additional evidence-based intervention to promote better exchange of oxygen within the lungs. Proning a patient on mechanical ventilation is a complex, highly coordinated activity. To assure patient safety when prone positioning is used, nurses coordinate a team of four to six staff members to help with the process.

During the COVID-19 pandemic, the Critical Care nursing staff collaborated with intensivists to implement prone positioning to prevent worsening of non-intubated patients' respiratory status. Patients were instructed on how to prone themselves and were assisted by a team of nurses and physical therapists. Several of our patients with coronavirus have responded so well to prone positioning that they did not require mechanical ventilation. Seeing how well this low tech, but highly effective method has worked for patients has been gratifying for our nurses.

Critical care nurses (from left) Shikha Shrestha, BSN, RN, CCRN, and Noor Zareen, MSN, RN, place a COVID-19 patient into a prone position to help him breathe easier.