

COVID Awake Repositioning / Proning Protocol (CARP)

Aim: To avoid intubation and improve saturations in COVID19 patients

Scope: Emergency Department

Patient must be awake, alert and communicative

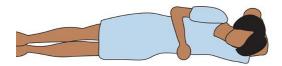
Provider to place a communication order:

Begin COVID Awake Repositioning/Proning Protocol

Timed Position Changes

Q 2 hours, ask patient to switch between the following positions; bed adjustments will be required between positions:

1. Left Lateral Recumbent



2. Right Lateral Recumbent

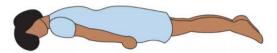


3. Sitting Upright 60-90 degrees





4. Lying Prone in bed (If patient is on CPAP, ask LIPs if they still want to prone)



If these 4 positions are not raising the Oxygen Saturation, a 5th position can be tried:

5. Trendelenburg (Supine, Bed 30 degrees Head Down)



10-15 Minutes after each position change, check to make sure that Oxygen Saturation has not decreased. If it has, try another position.

Positions Changes to Counter Hypoxemia

If patient has a significant drop in Oxygen saturation, follow these steps:

- 1. Ensure the source of the patient's Oxygen is still hooked up to the wall and is properly placed on the patient (this is a common cause of desaturation)
- 2. Ask patient to move to a different position as above
- 3. If after 10 minutes, the patient's saturations have not improved to prior levels, speak with LIP about escalation of oxygen modality vs. trial of additional positions

Stony Brook Medicine Resuscitation & Acute Critical Care

