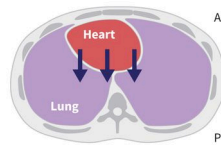
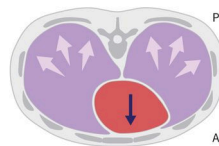


**Supine position**

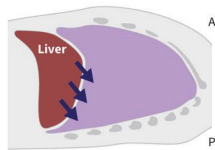


Gravitational pressure of heart and mediastinum on the lungs.

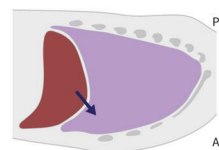
**Prone position**



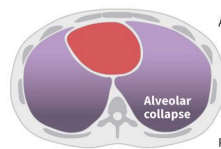
Decreased gravitational pressure of heart and mediastinum on the lungs.



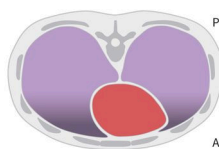
Compressive effects of the abdominal organs on the lungs.



Decreased compressive effects of the abdominal organs on the lungs.



Expansion of the chest wall and overall less homogeneous chest wall compliance.



More homogeneous chest wall compliance due to restriction of anterior chest wall movement.

## AWAKE PRONE POSITIONING STEPS



### PRONE POSITION

Stay for 30 minutes to 2 hours

Position with arms bilaterally abducted, or bilaterally down by their sides, or with one arm abducted at the shoulder and slightly flexed at the elbow and the other resting by their side. The choice of position is dependent on patient comfort.



### RINSE AND REPEAT

Patient may have a break in supine position if required.

Prone positioning protocol repeated as many times as comfortable for a patient. Observations should be done as per the National Early Warning Score. Do not prone patients who are asleep.

### ENSURE SUITABILITY

#### Exclude contraindications

Morbid obesity, low Glasgow coma scale, delirium, pressure sores on dependent areas, pregnancy, severe respiratory distress, systolic blood pressure 90mmHg or below



### LATERAL RECUMBENT POSITION

Encouraged between episodes of prone positioning

With every position change, check oxygen saturations, mask leaks, and no compression of tubing, cannulas and catheters. Repeat observations every 15 minutes initially to ensure no deterioration.

