



## Prone Positioning in Severe ARDS.

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### Abstract:

The purpose of this Abstract is to explain practical approach to the use of Prone Position for acute respiratory distress syndrome (ARDS) or with COVID- 19 ARDS. We have gathered the available literature and our own experience to provide information so as to improve the understanding and implementation of prone therapy. The basic physiology involving ARDS and the theoretical mechanism by which Prone Position can be of benefit is well explained here. This discussion also provides the essentials of utilizing prone therapy and complications and contraindications. The protocols for prone positioning are suggested for the implementation of proning as to proper initiation and cessation as well as judicious use of neuromuscular blockade. Treatment for ARDS is lung protective ventilation with low tidal volumes and high positive end-expiratory pressure for alveolar recruitment. In patient with severe ARDS or covid ARDS prone positioning is the therapeutic adjunct that has been shown to alter pulmonary pathophysiology and improve outcome. Prone positioning has some complications such as tube malpositioning or kinking, intolerance of gastric tube feeds, pressure related soft tissue and skin injuries, ocular injuries and increased intracranial pressure. Elevation of the head of the bed while the patient is prone may reduce the risk of these complications. Prone positioning should be considered in patients with severe ARDS (PaO<sub>2</sub>/FiO<sub>2</sub>).

### Biography:

Abu Talha Hanfi has completed his Masters in Respiratory Therapy at the age of 25 years from Symbiosis International University. He is Member of Indian Association of respiratory care and Treasurer of Maharashtra chapter of



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### Publication of speakers:

1. Stringhini, S.; Wisniak, A.; Piumatti, G.; Azman, A.S.; Lauer, S.A.; Baysson, H.; De Ridder, D.; Petrovic, D.; Schrempft, S.; Marcus, K.; et al. Seroprevalence of anti-SARS-CoV-2 IgG antibodies in Geneva, Switzerland (SEROCoV-POP): A population-based study
2. Rodriguez-Morales, A.J.; Cardona-Ospina, J.A.; Gutiérrez-Ocampo, E.; Villamizar-Peña, R.; Holguin-Rivera, Y.; Escalera-Antezana, J.P.; Alvarado-Arnez, L.E.; Bonilla-Aldana, D.K.; Franco-Paredes, C.; Henao-Martinez, A.F.; et al. Clinical, laboratory and imaging features of COVID-19: A systematic review and meta-analysis.
3. Goërtz, Y.M.J.; Van Herck, M.; Delbressine, J.M.; Vaes, A.W.; Meys, R.; Machado, F.V.C.; Houben-Wilke, S.; Burtin, C.; Posthuma, R.; Franssen, F.M.E.; et al. Persistent symptoms 3 months after a SARS-CoV-2 infection: The post-COVID-19 syndrome?

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