

Data Supplement S1. Supplemental material.

Proning Protocol Guidelines

Guidelines are applied only to ED patients. Patients will be identified by Emergency Physicians as meeting criteria for proning and these providers should assess patient mobility and mental status. They will collaborate with nursing staff to implement the protocol and re-evaluate patients.

- Inclusion Criteria:

- Patients with suspected or confirmed COVID-19 and an oxygen requirement of >4L NC (including non-rebreather and highflow oxygen as well)
- On a stretcher
- On continuous pulse oximetry monitor
- Awake with a normal mental status
- Able to follow instructions
- Able to tolerate changes in position
- Able to call for help OR have call bell within reach
- Able to self-prone or change position with minimal assistance

- Exclusion criteria:

- Normal oxygen saturation without need for supplemental oxygen source
- Altered mental status
- Inability to independently change position or tolerate positional changes
- Hemodynamic instability
- Inability to follow instructions or communicate with care team
- In a setting where patient is unable to be closely monitored

Instructions:

Prior to implementing the guidelines, make the patient as comfortable as possible -e. obtaining a pillow or using the restroom.

- Place the patient on the necessary level of supplemental oxygen as well as continuous oxygen monitor
- Make a call bell available within reach at bedside
- Place the patient on a stretcher in slight reverse Trendelenburg
- Provide patient with the instructional visual aid and walk them through the proning position process

Patients should start by lying prone and then change position to lying on one side, then sitting up, and then lying on their other side with the goal of changing positions every 30 minutes as tolerated for as long as possible while awake.

- For the first hour after implementation, care providers and/or nursing should reassess patients every 30 minutes
- For the next two hours after implementation, care providers and/or nursing should reassess patients every hour

Discontinue position changes if:

- Patient cannot tolerate them due to discomfort
- Patient develops hemodynamic instability or worsening respiratory status
- Patient is transferred out of the ED

Visual Aid Handout



