COVID ARDS Guidance

1. Prone
    a. Prone early. Although patients may transiently deteriorate after initial prone, if you support them properly they often turn around to acceptable oxygenation in 4-6 hours.
2. P/F ARDS
    a. Please utilize the attached ARDS-Net table as much as possible.
3. Ventilator weaning while on prone positioning:
    a. Avoid major weaning of ventilator settings while on prone positioning. The rationale behind this principle is:
        i. Once you un-prone the patient, they may do very poorly on the weaned or lower settings achieved while on prone positioning. Would rather wean, especially PEEP, once patient is un-proned.
        ii. Consider weaning FIO2 only, which could easily be increased if needed once un-proned, without significant loss of recruited lung portions.
4. Sedation and paralysis:
    a. Avoid weaning of sedation or paralysis while patient is in prone position.
    b. Many patients proned will require paralysis to improve synchrony and comfort. If poor ventilator synchrony and/or increase respiratory rate, paralysis may be the answer to help patient adjust better to the prone positioning maneuver.
    c. No need to use TOF (train-of-four) to adjust paralysis. Please use fixed dose paralytics as per protocol.
5. Ventilator Modes:
    a. Avoid major changes in ventilator modes while prone as much as possible. Pressure Control or Pressure Regulated Volume Control is usually preferred; use a single mode as much as possible and optimize.