

## Prone Positioning Considerations

Intubation < 36 hours

$FiO_2 \geq 60\%$

PEEP  $\geq 5$

P/F Ratio < 150

### Prone Positioning has been shown to:

Reduce mortality

Reduce ventilator days

Reduce ICU length of stay

Prevent ventilator-induced lung injury

Improve oxygenation



**1.855.ASKTURN**  
(1.855.275.8876)  
info@turnmedical.com

[turnmedical.com](http://turnmedical.com)

**P/F RATIO**

$$\frac{PaO_2}{FiO_2}$$



## Berlin Consensus Definitions:

**Timing:** Within 1 week of a known clinical insult or new or worsening respiratory symptoms

**Chest imaging:** Bilateral opacities not fully explained by effusions, lung collapse, or nodules

**Origin of edema:** Respiratory failure not fully explained by cardiac failure or fluid overload

## Monitor P/F Ratio and PEEP requirement trends

FiO <sub>2</sub> >	100	90	80	70	60
40	40	44	50	57	67
50	50	56	63	71	83
60	60	67	75	86	100
70	70	78	88	100	117
80	80	89	100	114	133
90	90	100	113	129	150
100	100	111	125	143	167
110	110	122	138	157	183
120	120	133	150	171	200
130	130	144	163	186	217
140	140	156	175	200	233
150	150	167	188	214	250
▲ PaO <sub>2</sub>					

### MILD ARDS

P/F ≤ 300mm Hg -  
> 200mm Hg  
PEEP ≥ 5cm H<sub>2</sub>O

### MODERATE ARDS

P/F ≤ 200mm Hg -  
> 100mm Hg  
PEEP ≥ 5cm H<sub>2</sub>O

### SEVERE ARDS

P/F ≤ 100 mmHg  
PEEP ≥ 5cm H<sub>2</sub>O

#### References:

Guérin C, Reignier J, Richard J-C, Beuret P, Gacouin A, Boulain T, et al. Prone positioning in severe acute respiratory distress syndrome. N Engl J Med. 2013;368(23):2159-68.