

Early awake proning for COVID-19 improves oxygen saturation

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(HealthDay)—In COVID-19 patients, awake early self-proning in the

emergency department yields improved oxygen saturation, according to a study published online April 22 in *Academic Emergency Medicine*.

Nicholas D. Caputo, M.D., from the NYC H+H/Lincoln in Bronx, New York, and colleagues conducted a [pilot study](#) in a single urban emergency department in New York City to describe the use of early proning of 50 awake, nonintubated patients during the COVID-19 pandemic. Oxygen saturation (SpO₂) measurements were recorded at triage and after five minutes of proning. A non-rebreather mask and [nasal cannula](#) were included as other supplemental oxygenation methods.

The researchers found that the median SpO₂ was 80 percent at triage and increased to 84 percent after application of supplemental oxygen to patients on room air. SpO₂ improved to 94 percent after five minutes of proning. Thirteen of the patients failed to improve or maintain their oxygen saturations; within 24 hours of arrival to the emergency department, they required endotracheal intubation.

"Our series of patients with moderate to severe hypoxemia related to COVID-19 lung disease demonstrated an improvement in their SpO₂ after being placed in prone position," the authors write. "Until further studies indicate alternative oxygenation strategies or specific treatments that address the underlying hypoxic insult, we recommend early and frequent use of patient proning, with the hope that it will delay or prevent intubation."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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