



The Prone position

1) A morbidly obese patient with BMI of 50 intubated now with ARDS 2ry to head and neck trauma and unstable cervical spine. He is on volume-controlled ventilation with, tidal volume 500 ml, FiO_2 80%, PEEP 15, PaO_2 90 mmHg. The contraindication for proning is?

- A) Morbid obesity
- B) ARDS not severe
- C) Patient is in shock
- D) Unstable Cervical spine fracture

2) All below are supposed mechanisms of improvement in oxygenation after the prone position except?

- A) Improved homogeneity of lung units
- B) Improved chest wall compliance
- C) Improved lung compliance
- D) Reduce compression of Left lung from the weight of the heart

3) Lung perfusion (Q) during the prone position:

- A) Increases
- B) Decreases
- C) Unchanged

4) Benefits of prone position in severe ARDS include all except?

- A) Oxygenation
- B) Survival
- C) Reduction in length of stay on ventilator
- D) Improved right heart circulation

5) Risks of prone position include all except?

- A) Dislodgment of endotracheal tube
- B) Facial ulcers
- C) Aspiration
- D) Increased intra ocular pressure

6) Recommended time for placing patients in the prone position is?

- A) 8 hours
- B) 12 hours
- C) 16 hours
- D) 24 hours

7) Enteral nutrition should be held during the prone position to prevent aspiration:

- A) True
- B) False

8) Shock and the use of intravenous vasopressors are contraindications for the prone position:

- A) True
- B) False

9) Prone position only improves oxygenation but not ventilation:

- A) True
- B) False

10) The effects of awake prone position in non-mechanically ventilated patients with COVID-19

- A) Improves oxygenation and mortality
- B) Improves oxygenation but not mortality
- C) Unclear effect on both oxygenation and mortality