



Awake proning in patients with COVID-19-related hypoxemic acute respiratory failure: Endorsement by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine

Marius Rehn^{1,2,3}  | Michelle Chew⁴ | Maija-Liisa Kalliomäki^{5,6} | Klaus T. Olkkola⁷ | Martin Ingi Sigurðsson⁸ | Morten Hylander Møller^{9,10} 

¹Division of Prehospital Services, Air Ambulance Department, Oslo University Hospital, Oslo, Norway

²The Norwegian Air Ambulance Foundation, Oslo, Norway

³Institute of Clinical Medicine, University of Oslo, Oslo, Norway

⁴Department of Anaesthesia and Intensive Care, Medicine and Health, Linköping University, Linköping, Sweden

⁵Department of Anaesthesia, Tampere University Hospital, Tampere, Finland

⁶Faculty of Medicine and Health Technology, University of Tampere, Tampere, Finland

⁷Department of Anaesthesiology, Intensive Care and Pain Medicine, University of Helsinki and Helsinki University Hospital, Helsinki, Finland

⁸Department of Anaesthesia and Intensive Care Medicine, Landspítali University Hospital, Reykjavík, Iceland

⁹Department of Intensive Care, Copenhagen University Hospital – Rigshospitalet, Copenhagen, Denmark

¹⁰Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark

Correspondence

Marius Rehn, Air Ambulance Department, Oslo University Hospital, Oslo, Norway.
Email: marius.rehn@norskluftambulanse.no

Funding information

Scandinavian Society of Anaesthesiology and Intensive Care Medicine

Abstract

Background: Awake proning in spontaneously breathing patients with hypoxemic acute respiratory failure was applied during the coronavirus disease 2019 (COVID-19) pandemic to improve oxygenation while avoiding tracheal intubation. An updated systematic review and meta-analysis on the topic was published.

Methods: The Clinical practice committee (CPC) of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) assessed the clinical practice guideline “Awake proning in patients with COVID-19-related hypoxemic acute respiratory failure: A rapid practice guideline” for possible endorsement. The Appraisal of Guidelines for REsearch and Evaluation (AGREE) II tool was used.

Results: Four out of six SSAI CPC members completed the appraisal. The individual domain totals were: Scope and Purpose 90%; Stakeholder Involvement 89%; Rigour of Development 74%; Clarity of Presentation 85%; Applicability 75%; Editorial Independence 98%; Overall Assessment 79%.

Conclusion: The SSAI CPC endorses the clinical practice guideline “Awake proning in patients with COVID-19-related hypoxemic acute respiratory failure: A rapid practice guideline”. This guideline serves as a useful decision aid for clinicians caring for critically ill patients with COVID-19-related acute hypoxemic respiratory failure

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and can be used to provide guidance on use of prone positioning in this group of patients.

KEYWORDS

AGREE II, clinical practice guideline, COVID-19, critical care, critically ill, prone ventilation, proning

1 | BACKGROUND

Awake proning in spontaneously breathing patients with hypoxemic acute respiratory failure was applied during the coronavirus disease 2019 (COVID-19) pandemic to improve oxygenation while avoiding tracheal intubation.¹

An updated systematic review and meta-analysis on the topic was published.² This review formed the basis for a rapid practice guideline on awake proning in patients with COVID-19-related hypoxemic acute respiratory failure.³

2 | METHODS

The Clinical Practice Committee (CPC) of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) assessed the clinical practice guideline 'Awake proning in patients with COVID-19-related hypoxemic acute respiratory failure: A rapid

practice guideline' for possible endorsement.³ The Appraisal of Guidelines for REsearch and Evaluation (AGREE) II tool was used.⁴ Details on the endorsement process is available elsewhere.⁵

3 | RESULTS

Four out of six SSAI CPC members completed the appraisal, as the two members who co-authored the guideline were excluded from the evaluation, as per the SSAI endorsement process.⁵

The individual domain totals were: Scope and Purpose 90%; Stakeholder Involvement 89%; Rigour of Development 74%; Clarity of Presentation 85%; Applicability 75%; Editorial Independence 98%; Overall Assessment 79% (Figure 1).

The breakdown of the individual appraisers (de-identified) is available in the Supporting information S1.

4 | DISCUSSION

Agreement between the SSAI CPC appraisers was high and the overall assessment of the guideline was good. The appraisers did not identify any major shortcomings, and all domains were well rated (Figure 1).

The guideline may be used in daily clinical practice in the Nordic countries without major adaptation or modification.

The clinical practice guideline 'Awake proning in patients with COVID-19-related hypoxemic acute respiratory failure: A rapid practice guideline' serves as a useful decision aid for clinicians caring for critically ill patients with COVID-19-related acute hypoxemic respiratory failure and can be used to provide guidance on the use of prone positioning in this group of patients.

5 | CONCLUSION

The SSAI CPC endorses the clinical practice guideline 'Awake proning in patients with COVID-19-related hypoxemic acute respiratory failure: A rapid practice guideline'.³

AUTHOR CONTRIBUTIONS

All authors drafted, revised, and approved the article.

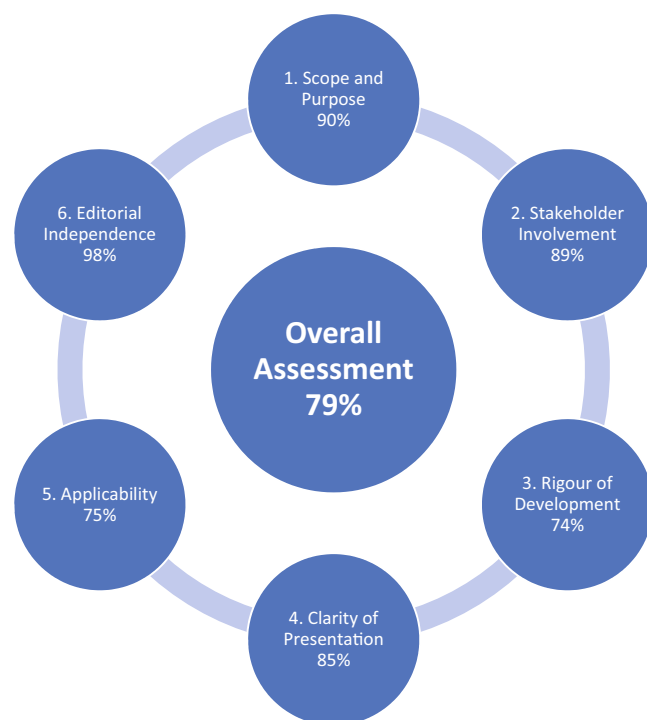


FIGURE 1 Summary of the Appraisal of Guidelines for REsearch and Evaluation (AGREE) II assessment.

ACKNOWLEDGEMENTS

MC and MHM were co-authors of the original guideline and did not participate in the AGREE II evaluation. No other authors had any direct or indirect conflicts of interest.

FUNDING INFORMATION

Funding was provided solely from the Scandinavian Society of Anaesthesiology and Intensive Care Medicine and institutional and/or departmental sources.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

ORCID

Marius Rehn  <https://orcid.org/0000-0001-9519-241X>

Morten Hylander Møller  <https://orcid.org/0000-0002-6378-9673>

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Rehn M, Chew M, Kalliomäki M-L, Olkkola KT, Sigurðsson MI, Møller MH. Awake proning in patients with COVID-19-related hypoxemic acute respiratory failure: Endorsement by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. *Acta Anaesthesiol Scand*. 2023;1-3. doi:[10.1111/aas.14367](https://doi.org/10.1111/aas.14367)