Evidence and feasibility of prone positioning in COVID-19: a resource-challenged perspective

COVID-19 has claimed more than 170 000 lives globally and has completely transformed the way we practice medicine. The majority of deaths are as a result of severe hypoxic respiratory failure and optimising oxygen delivery is the mainstay of treatment. Proning patients with COVID-19 hypoxic failure is widely practised, despite limited evidence. The majority of studies describe only surrogate outcomes such as transient improvement in hypoxemia – without assessing mortality benefit or need for ventilatory support.

Clinical research during a pandemic is very challenging and waiting for good quality RCT's is often not practical, as it may delay access to beneficial treatment options. Prior to the COVID-19 era, evidence for prone positioning during mechanical ventilation in patients with ARDS suggested improved oxygenation and mortality.

From a practical point of view, prone positioning can be challenging and not sustainable for some patients. This session will assess the evidence of prone positioning in COVID-19 and briefly explore the feasibility and safety in resourced challenged settings, where access to ventilators and high-flow oxygen delivery systems are limited.

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