There is no difference in 28 day mortality between patients who retain improvements in oxygenation following the initial session of prone positioning for moderate to severe ARDS

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Introduction

The mortality of patients suffering from severe ARDS can be improved by being placed in the prone position. This document outlines a basic analysis of a dataset of patients from the ICU of University Hospital Galway who were invasively ventilated and placed in the prone position.

Methods

Patients were classified as 'responders' or 'non-responders' based on a comparison of their PF ratio before and after their initial session of prone positioning. If their PF ratio was higher after returning to the supine position after their initial session of prone positioning, they were classified as 'responders'. If the PF ratio was less, they were classified as 'non-responders'. The 28-day-mortality of the patients was compared between these two groups.

Results

A total of 127 sessions of prone positioning were analysed. The two groups were compared with Pearson's Chi-squared test. The results of initial grouping is below.

	non-responder	responder
alive in 28 days	18	52
died within 28 days	15	42

Statistical analysis showed χ^2 (N = 127) = 0.06, p = 0.94.

Conclusion

There is no significant difference in 28 day mortality between patients who did and did not retain changes to their PF ratio after their initial session of prone positioning.