

Awake prone positioning in non-intubated adults with respiratory failure

Submission date 01/08/2024	Recruitment status Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 20/08/2024	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 12/09/2025	Condition category Respiratory	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Every year, over 60,000 adults in the UK go on a ventilator on an intensive care unit. A common reason for going on a ventilator is breathing conditions, such as pneumonia. Going on a ventilator is life-saving. However, some people that go on a ventilator do unfortunately die and many patients that do survive report long-term effects on their quality of life. For this reason, avoiding the need to go on a ventilator, when safe to do so, is important to patients and the healthcare teams looking after them. We know that for patients with COVID-19, lying them on their tummy (awake prone positioning), when they require high amounts of oxygen reduces the likelihood that they will need a ventilator. We don't currently know whether this will work in patients without COVID-19. Some treatments work well in COVID-19, but not in patients requiring oxygen for conditions, such as pneumonia. We know from treating patients during the COVID-19 pandemic and feedback from patient partners that lying on your tummy can be uncomfortable. It is important that we undertake research to find out if awake prone positioning is effective in patients without COVID-19. For patients in hospital requiring high amounts of oxygen, we want to find out if lying them on their tummy, rather than lying on their back/ sitting up reduces the likelihood that they will need to go on a ventilator on an intensive care unit.

Who can participate?

Patients aged over 18 years in hospital with respiratory problems who are needing at least 40% oxygen

What does the study involve?

Participants will be randomly allocated to one of two groups. In the first group, the researchers will position patients on their front (awake prone positioning) for at least 8 hours per day for up to 5 days. In the second group, patients will receive standard care, where they will be positioned sat up in bed.

The researchers will follow up study participants for 6 months. They will record how many patients have survived and how well they have recovered using some brief questionnaires. They will also see how long people spend on intensive care units and in hospital.

What are the possible benefits and risks of participating?

During the COVID-19 pandemic, many patients in hospital received awake prone positioning. The

key risks to awake prone positioning are discomfort and the possibility of dislodging medical devices (such as intravenous lines) when transferring to someone's front.

Where is the study run from?

University of Warwick Clinical Trials Unit (UK)

When is the study starting and how long is it expected to run for?

January 2024 to December 2027

Who is funding the study?

The National Institute for Health Research (UK) Health Technology Assessment Programme (UK)

Who is the main contact?

Dr Keith Couper, awakeprone@warwick.ac.uk

Contact information

Type(s)

Scientific, Principal investigator

Contact name

Dr Keith Couper

ORCID ID

<https://orcid.org/0000-0003-2123-2022>

Contact details

Warwick Clinical Trials Unit

Warwick Medical School

University of Warwick

Gibbet Hill Road

Coventry

United Kingdom

CV4 7AL

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awakeprone@warwick.ac.uk

Type(s)

Public

Contact name

Miss Sharisse Alleyne

ORCID ID

<https://orcid.org/0000-0002-8026-1176>

Contact details

Warwick Clinical Trials Unit

Warwick Medical School

University of Warwick

Gibbet Hill Road

Coventry
United Kingdom
CV4 7AL
+44 (0)2476 151 343
Awakeprone@warwick.ac.uk

Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

Integrated Research Application System (IRAS)

335630

Protocol serial number

CPMS 62433, NIHR154796, IRAS 335630

Study information

Scientific Title

CoReCCT: The Awake Prone Study: Awake prone positioning in patients with acute hypoxaemic respiratory failure not due to COVID-19: A randomised controlled trial

Acronym

CoReCCT

Study objectives

The primary objective of this trial is to evaluate the clinical effectiveness of awake prone positioning in non-intubated adults with acute hypoxaemic respiratory failure not due to COVID-19, measured by our primary outcome of tracheal intubation within 30 days.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 08/07/2024, Wales REC 2 (Health and Care Research Wales, Castlebridge 5, 15-19 Cowbridge Road East, Cardiff, CF11 9AB, UK; +44 (0)2922941119, +44 (0)2922 940971, +44 (0)2922 940959; Wales.REC2@wales.nhs.uk), ref: 24/WA/0128

Study design

Randomized; Interventional; Design type: Treatment, Complex Intervention, Management of Care

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Acute hypoxaemic respiratory failure not due to COVID-19

Interventions

In the intervention arm, participants will receive awake prone positioning over a maximum of 5 days/120 hours from randomisation. The target daily duration for awake prone positioning is ≥ 8 hours per 24-hour period. This may be achieved through a single long period of awake prone positioning or several shorter periods. The researchers expect any shorter period to last at least 1 hour. Each day, they will record the amount of time that an individual has spent in the awake prone position (full-prone or 3/4 prone) in the preceding 24 hours.

Participants will lie in a prone position as long and frequently as feasible, as soon as possible after randomisation. The intervention will continue until one of the following criteria is met:

1. 120 hours from randomisation
2. Tracheal intubation
3. Participant recovery
4. Participant decision to stop intervention
5. Development of contraindication to awake prone positioning
6. Participant transferred to a care setting where intervention could not be delivered
7. Participant transferred to another hospital

In the control group, participants will receive standard care, which does not include awake prone positioning.

Intervention Type

Other

Phase

Phase III

Primary outcome(s)

The incidence of tracheal intubation within 30 days of randomisation, measured using hospital records. This does not include tracheal intubation where it is used only to facilitate an operation or procedure.

Key secondary outcome(s)

All secondary outcomes are measured to hospital discharge using hospital records unless specified:

1. Length of critical care stay (days), from randomisation
2. Length of hospital stay (days), from randomisation
3. Time to tracheal intubation (days)
4. Time to admission to critical care (hours/days)
5. Duration of non-invasive respiratory support (days)
6. New requirement for non-invasive respiratory support (yes/no)
7. Duration of mechanical ventilation during hospital stay (previously invasive ventilation)
8. Mortality, measured at hospital discharge, 2 months, and 6 months
9. Health-related quality of life measured using the EQ-5D-5L at 2 and 6 months
10. Pre-specified complications that occur between randomisation and 5 days (pressure ulcer/skin breakdown, dislodgement of central venous catheter, dislodgement of arterial catheter, dislodgement of peripheral venous catheter, dislodgement of urinary catheter, dislodgement of any other medical device, nausea requiring new treatment with anti-emetics, vomiting)

Completion date

31/12/2027

Eligibility

Key inclusion criteria

Current inclusion criteria as of 28/07/2025:

1. Adult (age >18 years) hospitalised patient who is not intubated
2. Acute hypoxaemic respiratory failure which has required treatment with 40% oxygen or more for at least 1 hour
3. Deemed suitable for tracheal intubation in the event of physiological deterioration

Previous inclusion criteria:

1. Adult (age >18 years) hospitalised patient who is not intubated
2. Acute hypoxaemic respiratory failure, defined as sustained SpO₂ ≤94% whilst receiving ≥40% supplemental oxygen
3. Deemed suitable for tracheal intubation in the event of physiological deterioration

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Hypoxaemia fully explained by acute pulmonary oedema due to heart failure
2. Patient unwilling to attempt awake prone positioning
3. Contraindication to awake prone positioning
4. COVID-19 pneumonitis as primary cause of respiratory failure
5. Invasive mechanical ventilation during current hospital admission (except where provided only to facilitate a procedure or operation)

Date of first enrolment

03/02/2025

Date of final enrolment

28/02/2027

Locations

Countries of recruitment

United Kingdom

England

Northern Ireland

Wales

Study participating centre

Arrow Park Hospital

Arrowe Park Hospital

Arrowe Park Road

Wirral

United Kingdom

CH49 5PE

Study participating centre

Hartington Unit

Chesterfield Royal Hospital

Chesterfield Road

Calow

Chesterfield

United Kingdom

S44 5BL

Study participating centre

Fairfield General Hospital

Rochdale Old Road

Bury

United Kingdom

BL9 7TD

Study participating centre

Ipswich Hospital

Heath Road

Ipswich

United Kingdom

IP4 5PD

Study participating centre

James Paget University Hospital

Lowestoft Road
Gorleston
Great Yarmouth
United Kingdom
NR31 6LA

Study participating centre

Kettering General Hospital Laboratory

Kettering General Hospital
Rothwell Road
Kettering
United Kingdom
NN16 8UZ

Study participating centre

Kingston Hospital

Galsworthy Road
Kingston upon Thames
United Kingdom
KT2 7QB

Study participating centre

Leighton Hospital

Leighton
Crewe
United Kingdom
CW1 4QJ

Study participating centre

Morrison Hospital

Heol Maes Eglwys
Cwmrhydyceirw
Swansea
United Kingdom
SA6 6NL

Study participating centre

Northampton

Northampton General Hospital
Cliftonville

Northampton
United Kingdom
NN1 5BD

Study participating centre
Stepping Hill Hospital
Poplar Grove
Stockport
United Kingdom
SK2 7JE

Study participating centre
Tameside General Hospital
Fountain Street
Ashton-under-lyne
United Kingdom
OL6 9RW

Study participating centre
Bedford Hospital
Icash Bedford Hospital
Kempston Road
Bedford
United Kingdom
MK42 9DJ

Study participating centre
Bristol Royal Infirmary
Marlborough Street
Bristol
United Kingdom
BS2 8HW

Study participating centre
Glenfield General Hospital
Groby Road
Leicester
United Kingdom
LE3 9QP

Study participating centre
Good Hope Hospital
Rectory Road
Sutton Coldfield
United Kingdom
B75 7RR

Study participating centre
Heartlands Hospital
Bordesley Green East
Bordesley Green
Birmingham
United Kingdom
B9 5ST

Study participating centre
Newham General Hospital
Glen Road
London
United Kingdom
E13 8SL

Study participating centre
Pinderfields General Hospital
Aberford Road
Wakefield
United Kingdom
WF1 4DG

Study participating centre
Poole Hospital
Longfleet Road
Poole
United Kingdom
BH15 2JB

Study participating centre
Princess Royal Hospital
Apley Castle
Grainger Drive

Apley
Telford
United Kingdom
TF1 6TF

Study participating centre
Queen Elizabeth Hospital Lewisham
Stadium Road
London
United Kingdom
SE18 4QH

Study participating centre
Queen Elizabeth Hospital
Mindelsohn Way
Edgbaston
Birmingham
United Kingdom
B15 2GW

Study participating centre
Queen Elizabeth The Queen Mother
Ramsgate Road
Margate
Kent
United Kingdom
CT9 4AN

Study participating centre
Rotherham District General Hospital
Moorgate Road
Rotherham
United Kingdom
S60 2UD

Study participating centre
Royal Oldham Hospital
Rochdale Road
Oldham
United Kingdom
OL1 2JH

Study participating centre

Royal Sussex Hospital

Eastern Rd
Brighton and Hove
Brighton
United Kingdom
BN2 5BE

Study participating centre

Ulster Hospital

Upper Newtownards Rd
Dundonald
Belfast
United Kingdom
BT16 1RH

Study participating centre

Warrington Hospital (site)

Warrington Hospital
Lovely Lane
Warrington
United Kingdom
WA5 1QG

Study participating centre

The Royal Glamorgan Hospital

Ynysmaerdy
Pontyclun
United Kingdom
CF72 8XR

Study participating centre

St Georges Hospital

Blackshaw Road
London
United Kingdom
SW17 0QT

Study participating centre
Leeds General Infirmary
Great George Street
Leeds
United Kingdom
LS1 3EX

Study participating centre
University Hospital Lewisham
Lewisham High Street
London
United Kingdom
SE13 6LH

Study participating centre
Watford General Hospital
60 Vicarage Road
Watford
United Kingdom
WD18 0HB

Study participating centre
Weston General Hospital
Grange Road
Uphill
Weston-super-mare
United Kingdom
BS23 4TQ

Study participating centre
Ysbyty Glan Clwyd
Glan Clwyd Hospital
Rhuddlan Road
Bodelwyddan
Rhyl
United Kingdom
LL18 5UJ

Study participating centre
Gloucestershire Royal Hospital
Great Western Road

Gloucester
United Kingdom
GL1 3NN

Study participating centre
Milton Keynes University Hospital
Milton Keynes Hospital
Standing Way
Eaglestone
Milton Keynes
United Kingdom
MK6 5LD

Study participating centre
Scarborough Hospital
Woodlands Drive
Scarborough
United Kingdom
YO12 6QL

Study participating centre
St James' S University Hospital
Beckett Street
Leeds
United Kingdom
LS9 7TF

Study participating centre
William Harvey Hospital
Kennington Road
Willesborough
Ashford
United Kingdom
TN24 0LZ

Study participating centre
York District Hospital
Wigginton Road
York
United Kingdom
YO31 8HE

Sponsor information

Organisation

University of Warwick

ROR

<https://ror.org/01a77tt86>

Funder(s)

Funder type

Government

Funder Name

NIHR Evaluation, Trials and Studies Co-ordinating Centre (NETSCC)

Results and Publications

Individual participant data (IPD) sharing plan

The data-sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	version 2.0	11/06/2024	20/08/2024	No	Yes
Participant information sheet	version 3.0	20/09/2024	14/03/2025	No	Yes
Participant information sheet	version 4.0	31/03/2025	23/05/2025	No	Yes
Protocol file	version 2.0	13/06/2024	20/08/2024	No	No
Protocol file	version 3.0	20/09/2024	14/03/2025	No	No
Protocol file	version 4.0	07/04/2025	23/05/2025	No	No
Protocol file	version 5.0	03/07/2025	28/07/2025	No	No