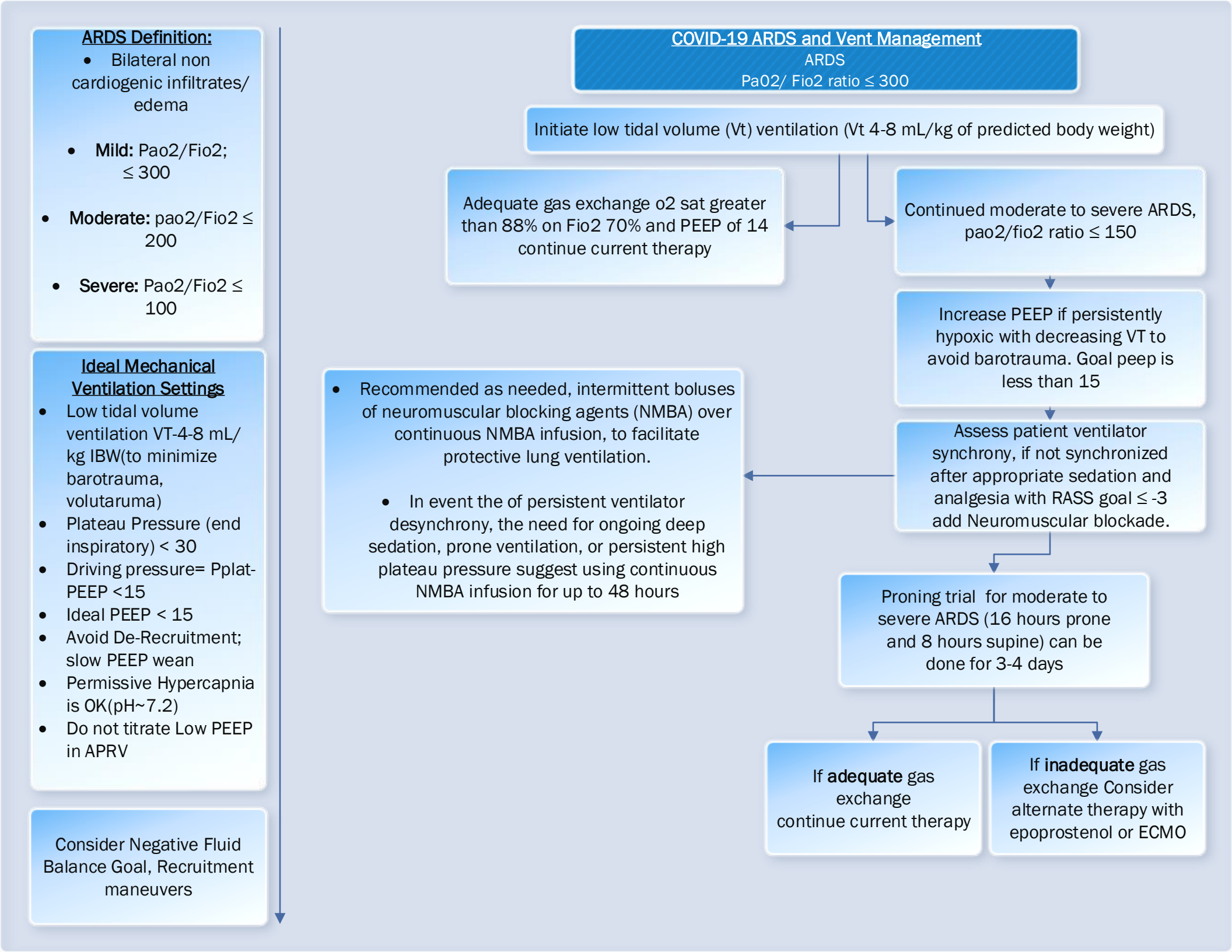
ARDS Definition:
Bilateral non cardiogenic infiltrates/ edema
Mild: Pao2/Fio2; ≤ 300
Moderate: pao2/Fio2 ≤ 200
Severe: Pao2/Fio2 ≤ 100
Ideal Mechanical Ventilation Settings
Low tidal volume ventilation VT-4-8 mL/ kg IBW(to minimize barotrauma, volutaruma)
Plateau Pressure (end inspiratory) < 30
Driving pressure= Pplat-PEEP <15
Ideal PEEP < 15
Avoid De-Recruitment; slow PEEP wean
Permissive Hypercapnia is OK(pH~7.2)
Do not titrate Low PEEP in APRV
Consider Negative Fluid Balance Goal, Recruitment maneuvers
COVID-19 ARDS and Vent Management
ARDS
Pa02/ Fio2 ratio ≤ 300
Initiate low tidal volume (Vt) ventilation (Vt 4-8 mL/kg of predicted body weight)
Adequate gas exchange o2 sat greater than 88% on Fio2 70% and PEEP of 14 continue current therapy
Continued moderate to severe ARDS, pao2/fio2 ratio ≤ 150
Increase PEEP if persistently hypoxic with decreasing VT to avoid barotrauma. Goal peep is less than 15
Assess patient ventilator synchrony, if not synchronized after appropriate sedation and analgesia with RASS goal ≤ -3 add Neuromuscular blockade.
Recommended as needed, intermittent boluses of neuromuscular blocking agents (NMBA) over continuous NMBA infusion, to facilitate protective lung ventilation.
In event the of persistent ventilator desynchrony, the need for ongoing deep sedation, prone ventilation, or persistent high plateau pressure suggest using continuous NMBA infusion for up to 48 hours
Proning trial for moderate to severe ARDS (16 hours prone and 8 hours supine) can be done for 3-4 days
If adequate gas exchange continue current therapy
If inadequate gas exchange Consider alternate therapy with epoprostenol or ECMO