

Guidelines for Managing ARDS

BERLIN CRITERIA FOR IDENTIFICATION OF ARDS

1. Acute onset within 7 days
2. Rule out cardiogenic pulmonary edema/other causes for hypoxemic respiratory failure
3. Bilateral opacities consistent with edema; cannot be fully explained by effusions, collapse or nodules
4. Respiratory failure not fully explained by cardiac failure or volume overload

If above criteria is met, mild, moderate or severe ARDS is defined by the $\text{PaO}_2/\text{FiO}_2$ ratio on \geq PEEP 5 cm H_2O . If no arterial line is present, an $\text{SpO}_2/\text{FiO}_2$ of ≤ 315 (where SpO_2 is $< 100\%$) would indicate a $\text{PaO}_2/\text{FiO}_2$ ratio of ≤ 300 .

Mild >200 and ≤ 300

Moderate >100 and ≤ 200

Severe ≤ 100

Management Guideline for Moderate and Severe ARDS (Berlin Criteria PLUS $\text{PaO}_2/\text{FiO}_2$ ratio ≤ 200)



1. Intubation and Ventilation with ARDS Ventilation protocol
2. Narcotic and sedative administration to achieve VAMASS 1-2 A-B

Target: $\text{PaO}_2/\text{FiO}_2 >150$ AND ventilator synchrony

CONTINUE SUPPORTIVE CARE

- VTE prophylaxis
- Nutritional support
- GI prophylaxis
- Glycemic control
- Sepsis screening, management and prevention

Target achieved?

Target met

Continue therapy/
Reassess Q1H

Target NOT met

↓ VAMAAS to 0A

Target met

Target NOT met

Cisatracurium 15 mg bolus
then 37.5 mg/hr X 48 hours

Target met

Target NOT met and $\text{FiO}_2 \geq .6$

Initiate proning X ≥ 16 hrs (use checklist)
Continue until target maintained

Target met

Target NOT met and $\text{FiO}_2 \geq .6$

Review with CCTC
Consultant