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 PaO_2/FiO_2 ratio on \geq PEEP 5 cm H_2O . If no arterial line is present, an SpO_2/FiO_2 of ≤ 315 (where SpO_2 is < 100%) would indicate a PaO_2/FiO_2 ratio of ≤ 300 .

Mild >200 and < 300

Moderate >100 and < 200

Reviewed: January 21, 2021

Severe < 100

Management Guideline for Moderate and Severe ARDS (Berlin Criteria PLUS PaO₂/FiO₂ ratio <200) 1. **Intubation and Ventilation with** ARDS Ventilation protocol **Target met** Continue Narcotic and sedative **Target** therapy/ Reassess administration to achieve VAMASS achieved? Q1H 1-2 A-B **Target NOT met Target:** PaO2/FiO2 >150 AND ventilator synchrony Target met **VAMAAS to 0A** Target NOT met Target met **CONTINUE SUPPORTIVE CARE** Cisatracurium 15 mg bolus VTE prophylaxis then 37.5 mg/hr X 48 hours Nutritional support GI prophylaxis Target NOT met and $FiO_2 \ge .6$ Glycemic control Sepsis screening, management and Initiate proning $X \ge 16$ hrs (use checklist) **Target met** prevention Continue until target maintained Target NOT met and $FiO_2 \ge .6$ **Review with CCTC** CCTC Clin Practice: June 15, 2017

Consultant