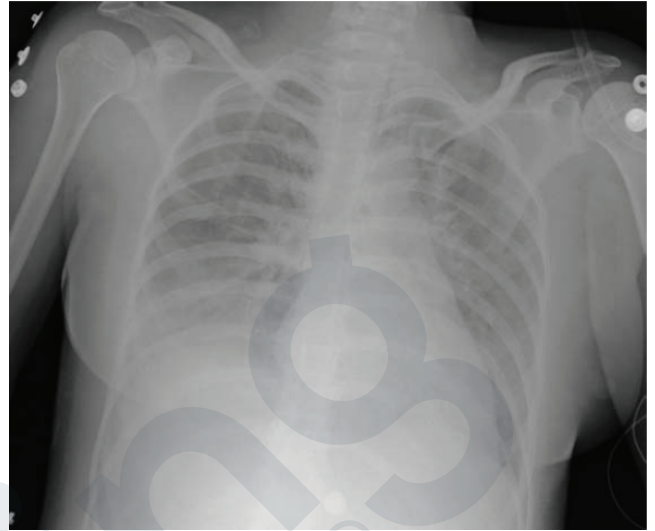


ARDS PATHOCHART

PATHOPHYSIOLOGY

An acute lung condition evidenced by bilateral pulmonary infiltrates and refractory hypoxemia. The definition of refractory hypoxemia is hypoxemia that is unresponsive to treatment and a PaO₂ level that remains low despite increasing FiO₂. The diffuse damage and fluid filling the alveoli can be caused by anything that initiates an inflammatory or immune response or causes damage to the capillaries around the alveoli. Some examples are sepsis/bacteremia, pulmonary contusions, fat embolus, burns, massive transfusion or fluid resuscitation, or near-drowning. ARDS can cause death if not identified and managed quickly with lung-protective ventilation strategies.



By Altaf Gauhar Haji, Shekhar Sharma, DK Vijaykumar and Jerry Paul. - Transfusion related acute lung injury presenting with acute dyspnoea: a case report. Journal of Medical Case Reports 2008, 2:336. doi:10.1186/1752-1947-2-336, CC BY 2.0. <https://commons.wikimedia.org/w/index.php?curid=5898904>

ASSESSMENT FINDINGS

- Symptoms of underlying condition
- Shortness of breath
- Crackles
- Hypoxia
- Increasing oxygen needs

DIAGNOSTICS

- Chest X-ray
- Arterial Blood Gas
- P/F Ratio (PaO₂ / FiO₂)
 - Mild <300
 - Moderate <200
 - Severe <100

NURSING PRIORITIES

- Optimize Oxygenation
- Maintain Proper Gas Exchange
- Promote Comfort
- Prevent and Manage Infection

THERAPEUTIC MANAGEMENT

- Ventilatory Support
- High levels of PEEP
- Prone position
- Lung Protective Vent Settings
- Risk for O₂ toxicity - keep sats 85-90%
- Prevent Ventilator Acquired Pneumonia

MEDICATION THERAPY

- Antibiotics
- Corticosteroids
- No specific treatment
- Treat underlying cause