

# ACUTE RESPIRATORY DISTRESS SYNDROME

*(MONOGRAPH)*

By

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simultaneously. Data that supports the potential value in patients with ARDS are provided separately.

### **Extracorporeal membrane oxygenation (ECMO):**

ECMO, which is being increasingly used as a rescue therapy for improving oxygenation, and may be suitable for patients with severe ARDS who have failed standard low  $V_T$  ventilator strategies. We typically recommend ECMO in patients who have also failed or are not suitable for prone ventilation and high PEEP/recruitment strategies. There are few absolute contraindications other than a pre-existing condition which is incompatible with recovery (severe neurologic injury, end stage malignancy), and relative contraindications include uncontrollable bleeding and very poor prognosis from the primary condition. Importantly, early application (eg, within seven days) is critical for the success of ECMO; thus, for centers that do not have ECMO, early transfer is critical. Further details regarding the application and data to support ECMO in patients with ARDS are provided separately.

### **Others:**

Glucocorticoids may also be considered in patients with severe ARDS not responsive to standard therapies, although the effect is unlikely to be immediate.

While in the past high frequency oscillatory ventilation was a popular rescue mode of ventilation for patients with ARDS, it has now fallen out of favor since studies suggest no benefit and possible harm associated with its use.