

EXHALE ACADEMY CSE CHEAT SHEET #13

ARDS

RECOGNIZE ARDS

- Acute onset after pneumonia, sepsis, aspiration, trauma, burns, overdose, shock.
- Severe hypoxemia that does not correct easily.
- Bilateral infiltrates/opacities on CXR.
- Noncardiogenic pulmonary edema pattern.
- Low compliance and high oxygen needs.

GATHER

- ABG: PaO₂, P/F ratio, pH/PaCO₂.
- CXR: bilateral infiltrates/ground-glass appearance.
- Hemodynamics can help separate ARDS from cardiogenic edema.
- Sputum/cultures when infection is suspected.
- Monitor plateau pressure and compliance on the ventilator.

VENTILATOR STRATEGY

- Use lung-protective tidal volumes around 6 mL/kg IBW.
- Keep plateau pressure under 30 cmH₂O when possible.
- Use PEEP to improve oxygenation.
- Accept permissive hypercapnia if pH remains acceptable.
- Titrate FIO₂ down first when oxygenation improves.

ADJUNCTS

- Treat the underlying cause.
- Consider prone positioning for severe oxygenation failure.
- Diuretics if fluid overloaded or to avoid excess fluid.
- Alternative modes/rescue therapies may be considered in severe cases.

AVOID AS DEFAULT

- Do not rely on bronchodilators unless bronchospasm exists.
- Do not choose surfactant as routine adult ARDS therapy.
- Do not ignore plateau pressures.
- Do not confuse CHF pulmonary edema with ARDS.

EXHALE MEMORY LINE

ARDS = refractory hypoxemia + bilateral infiltrates + low compliance: low VT, PEEP, treat cause.