奇美醫學中心胸腔內,外,放射,病理科
臨床病例綜合討論會

1 題目: Acute respiratory distress syndrome
2 聯絡人: 李博洧
3 主持人：柯獻欽
4 時間： 115 年 08 月 25 日 PM: 4:00
5 地點： 奇美醫學中心 10 樓空橋討論室
6 摘要:

Acute respiratory distress syndrome

DEFINITIONS:

Acute onset
Bilateral infiltration (radiographically similar to pulmonary edema)
No evidence of elevated left atrial pressure (the pulmonary capillary wedge pressure is ≤18 mmHg if measured)
A ratio of arterial oxygen tension to fraction of inspired oxygen (PaO2/FiO2) of 201 to 300 mmHg

Causes:

Sepsis
Aspiration
Pneumonia
Severe trauma, burn
Massive transfusion
TRLI
Drug and alcohol
Pancreatitis
Neurogenic pulmonary edema
Amniotic fluid embolism

Diagnosis: ALI/ARDS is a diagnosis of exclusion

Excluding cardiogenic pulmonary edema
Excluding other causes of hypoxemic respiratory failure (eg: pneumonia, Diffuse alveolar hemorrhage, idiopathic acute eosinophilic pneumonia, cyotpgenic organizing pneumonia, malignancy.

Mechanical ventilation in acute respiratory distress syndrome

Low tidal volume ventilation (Lung protective ventilation)
HFOV

Supportive care and oxygenation in acute respiratory distress syndrome

Sedation
Paralysis
Hemodynamic monitoring
Nutritional support
Glucose control
DVT prophylaxis
GI prophylaxis

MANAGEMENT OF HYPOXEMIA

Use of high fraction of FiO2
Decrease oxygen consumption
Improve oxygen delivery
Manipulate mechanical ventilator support