111 年奇美醫院胸腔內科臨床病例討論會

日期：中華民國 111 年 11 月 22 日(星期二)

時間及地點：16:00-17:00

課程活動題目：Acute respiratory distress syndrome

主講人:謝俊民主任

主辦單位：奇美醫院胸腔內科

課程地點:10 樓討論室

教育積分：台灣胸腔暨重症加護醫學會

參加對象：主辦單位所屬院內醫師

聯 絡 人：蘇靖涵（06-2812811-57115）

摘要:

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