





## Potential of lung recruitability and PEEP titration in sever ARDS and SARS-Cov-2: A bed-side approach for Open-lung Strategy.

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## Abstract:

Managing SARS-Cov-2 associated with Acute Respiratory Distress Syndrome (ARDS) in mechanically ventilated patients with refractory hypoxemia and PaO2/FiO2 ratio < 100 can be challenging in Intensive Care Units (ICUs). Optimizing ventilator settings through a lung protective strategy while maintaining adequate oxygenation and ventilation is a worldwide obstacle nowadays. A very effective approach is the open lung strategy (low tidal volume (Vte), low plateau pressure, low driving pressure, recruitment maneuver (RM) and PEEP titration); this approach is effective as long as it is selected for patients with a high potential of lung recruit ability. Studies have shown that those patients have a high mortality rate. However, performing an effective recruitment on them followed by PEEP titration can lead to improved physiological outcomes as well as primary outcomes. Therefore, it is necessary for health care practitioners to be familiar with the bedside assessment for lungs' potential of recruit ability in order to use this approach with the right group of population (H-phenotype covid-19 with a high potential of lung recruit ability). The first step in managing Covid-19 ventilated patients is to distinguish between recruit able and non-recruitable lungs. The gold standard method for assessing the percentage of lung recruit ability is the CT scan. However, it is not applicable bedside. The objective of the presentation is to describe the use of new tools in new generation ICU ventilators that allow us to assess the potential of lung recruit ability such as Protective Ventilation (PV) tool and recruitment to inflation



(R/I) ratio.

## Biography:

Aqeel J. Almayouf has always been interested in critical care field. He lives a live full of learning throughout his career working in different hospitals as well as with different patients' population. His expertise has been developed by applying respiratory science and critical care researches at bedside daily practice. By doing so, the erg of teaching and participating of respiratory and critical care researches and conferences has been grown with the years of experience.

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