# The role of intensive care nurses in managing patients with Acute Respiratory Distress Syndrome (ARDS).

### Alhassan Marvin\*

Department of Emergency and Intensive Care, San Gerardo Hospital, Monza, Italy

### Introduction

Acute Respiratory Distress Syndrome (ARDS) is a lifethreatening condition characterized by severe respiratory failure resulting from various underlying causes such as pneumonia, sepsis, trauma, or aspiration. Patients with ARDS require meticulous care and monitoring, often in the intensive care unit (ICU), where a multidisciplinary team collaborates to provide comprehensive management. Among the crucial members of this team are intensive care nurses, whose roles are instrumental in ensuring the best possible outcomes for patients with ARDS.

## Understanding Acute Respiratory Distress Syndrome (ARDS)

ARDS is a complex syndrome characterized by rapid onset of respiratory distress, hypoxemia, and bilateral pulmonary infiltrates on chest imaging. The condition progresses rapidly and can lead to respiratory failure, necessitating mechanical ventilation. ARDS is associated with high mortality rates, highlighting the importance of prompt and effective management [1, 2].

### The role of intensive care nurses

Intensive care nurses play a pivotal role in the ongoing assessment and monitoring of patients with ARDS. They closely monitor vital signs, oxygen saturation levels, respiratory rate, and lung sounds to detect any signs of deterioration or complications promptly. Continuous monitoring allows nurses to intervene early, optimizing patient outcomes [3, 4].

Mechanical ventilation is a cornerstone of ARDS management, and intensive care nurses are responsible for managing ventilator settings and ensuring adequate oxygenation and ventilation. They monitor ventilator parameters such as tidal volume, respiratory rate, and positive end-expiratory pressure (PEEP), making adjustments based on patient response and clinical status. Additionally, nurses assess for complications associated with mechanical ventilation, such as ventilatorassociated pneumonia or barotrauma [5].

Maintaining optimal oxygenation is essential in ARDS management. Intensive care nurses administer oxygen therapy via various delivery systems, including nasal cannula, face mask, or high-flow nasal cannula, titrating oxygen flow rates to achieve target oxygen saturation levels while minimizing the risk of oxygen toxicity [6].

Positioning plays a crucial role in optimizing ventilation and oxygenation in patients with ARDS. Intensive care nurses implement strategies such as prone positioning to improve ventilation-perfusion matching and reduce ventilator-induced lung injury. Additionally, nurses facilitate early mobilization and turning protocols to prevent complications associated with immobility, such as pressure ulcers and deep vein thrombosis [7].

Patients with ARDS often require pharmacological interventions to manage underlying causes, alleviate symptoms, and prevent complications. Intensive care nurses are responsible for administering medications such as antibiotics, sedatives, analgesics, and vasopressors as prescribed by the healthcare team. They monitor for adverse reactions and therapeutic responses, collaborating with other healthcare professionals to optimize medication management [8].

Effective communication and collaboration are essential in the management of patients with ARDS. Intensive care nurses work closely with physicians, respiratory therapists, pharmacists, and other members of the healthcare team to develop and implement individualized care plans. They participate in interdisciplinary rounds; contribute valuable insights regarding patient status and response to treatment, and advocate for patients' needs and preferences [9].

In addition to providing clinical care, intensive care nurses offer emotional support and education to patients and their families. They explain the diagnosis, treatment options, and prognosis in a clear and empathetic manner, addressing any concerns or uncertainties. Nurses also provide guidance on self-care strategies, medication management, and lifestyle modifications to promote optimal recovery and prevent recurrence of ARDS [10].

### Conclusion

Intensive care nurses play a vital role in the management of patients with Acute Respiratory Distress Syndrome (ARDS). Their multifaceted responsibilities encompass assessment, monitoring, ventilator management, oxygen therapy, positioning, medication administration, collaborative care, and patient education. Through their expertise, compassion, and commitment to excellence, intensive care nurses contribute significantly to improving outcomes and enhancing

\*Correspondence to: Alhassan Marvin, Department of Emergency and Intensive Care, San Gerardo Hospital, Monza, Italy, Email: marvina@uon.edu.au

**Received:** 29-Nov-2023, Manuscript No. AAICCN-24-127301; **Editor assigned:** 01-Dec-2023, PreQC No. AAICCN-24-127301(PQ); **Reviewed:** 15-Dec-2023, QC No. AAICCN-24-127301; **Revised:** 18-Dec-2023, Manuscript No. AAICCN-24-127301(R); **Published:** 26-Dec-2023, DOI:10.35841/aaiccn-6.6.176

*Citation:* Marvin A. The role of intensive care nurses in managing patients with Acute Respiratory Distress Syndrome (ARDS). J Intensive Crit Care Nurs. 2023; 6(6):176

the quality of life for patients with ARDS. As key members of the healthcare team, their invaluable contributions underscore the importance of nursing in critical care settings.

#### References

- Ranieri VM, Rubenfeld GD, Thompson BT, et al. Acute respiratory distress syndrome: the Berlin Definition. JAMA. 2012; 307(23):2526-2533.
- 2. Brun-Buisson C, Minelli C, Bertolini G, et al. Epidemiology and outcome of acute lung injury in European intensive care units. Results from the ALIVE study. Intensive Care Med. 2004; 30(1):51-61.
- Rubenfeld GD, Caldwell E, Peabody E, et al. Incidence and outcomes of acute lung injury. N Engl J Med. 2005; 353(16):1685-1693.
- 4. Villar J, Blanco J, Añón JM, et al. The ALIEN study: incidence and outcome of acute respiratory distress syndrome in the era of lung protective ventilation. Intensive Care Med. 2011; 37(12):1932-1941.
- 5. Hernu R, Wallet F, Thiollière F, et al. An attempt to validate the modification of the American-European

consensus definition of acute lung injury/acute respiratory distress syndrome by the Berlin definition in a university hospital. Intensive Care Med. 2013; 39(12):2161-2170.

- 6. Choi WI, Shehu E, Lim SY, et al. Markers of poor outcome in patients with acute hypoxemic respiratory failure. J Crit Care. 2014; 29(5):797-802.
- Briel M, Meade M, Mercat A, et al. Higher vs lower positive end-expiratory pressure in patients with acute lung injury and acute respiratory distress syndrome: systematic review and meta-analysis. JAMA.2010;303(9):865-873.
- Guérin C, Reignier J, Richard JC, et al. Prone positioning in severe acute respiratory distress syndrome. N Engl J Med. 2013;368(23):2159-2168.
- 9. Daud-Gallotti R, Novaes HM, Lorenzi MC, et al. Adverse events and death in stroke patients admitted to the emergency department of a tertiary university hospital. Eur J Emerg Med. 2005;12(2):63-71.
- Nor AM, Davis J, Sen B, et al. The Recognition of Stroke in the Emergency Room (ROSIER) scale: development and validation of a stroke recognition instrument. Lancet Neurol. 2005;4(11):727-34.