COVID-19 with mild ARDS

**DO:**
- Vt 4-8 ml/kg and $P_{plat} < 30$ cm H$_2$O
- Investigate for bacterial infection
- Target SpO2 92% - 96%

**CONSIDER:**
- Conservative fluid strategy
- Empiric antibiotics

**UNCERTAIN:**
- Systemic corticosteroids

COVID-19 with mod to severe ARDS

**CONSIDER:**
- Higher PEEP
- NMBA boluses to facilitate ventilation targets
- Traditional recruitment maneuvers
- Prone ventilation 12 -16 h
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- NMBA infusion for 24 h
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- Antivirals, chloroquine, anti-IL6
- Short course of systemic corticosteroids

**CONSIDER:**
- if PEEP responsive
- if proning, high $P_{plat}$, asynchrony
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- if proning, high $P_{plat}$, asynchrony
- follow local criteria for ECMO

**DON'T DO:**
- Staircase recruitment maneuvers

Rescue/adjunctive therapy

**UNCERTAIN:**
- Antivirals, chloroquine, anti-IL6
- A trial of inhaled nitric oxide
- V-V ECMO or referral to ECMO center

**CONSIDER:**
- STOP if no quick response
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Mod = moderate
ARDS = adult respiratory distress syndrome
$P_{plat}$ = plateau pressure
SpO2 = peripheral capillary oxygen saturation
PEEP = positive end-expiratory pressure
NMBA = neuromuscular blocking agents
ECMO = extracorporeal membrane oxygenation