



LIVES 2022

ARF section Meeting

1. Welcome
2. Update ARF section courses:
 - Masterclass Mechanical Ventilation
 - Advanced Bedside Monitoring in ARF
 - Airway Workshop
 - Plan for FTM courses in Acute Respiratory Failure and Mechanical Ventilation
 - ARF Webinars
3. Research activities endorsed by ARF
 - ESICM ARDS Guidelines
 - Taskforce on Dyspnoea
 - ESICM – ERS Weaning guideline 2023
 - Call for proposals
4. Chair Elect Dr Lise Piquilloud
5. Call for Deputy Chair Elect ARF
6. Update LIVES 2022 and call for proposals Lives 2023
7. AOB



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ARF Section Meeting

LC

luigi.camporota@gstt@nhs.uk

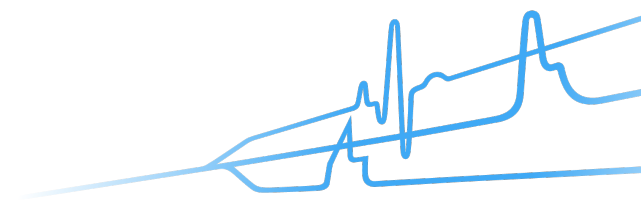
lise.piquilloud@chuv.ch



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UPDATE ARF SECTION COURSES - TEACHING

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ARF Section Educational activities

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- **Mechanical Ventilation**
- **LIVES educational activities (workshops)**
 - LIVES40 Madrid
 - LIVES 2022 Paris
- **2023 activities in Acute Respiratory Failure & Mechanical Ventilation**



Recording

Lung and Systemic Inflammation: Clinical Correlates

View Options

Martin Dijk

Leo Heunks

John Wilson

Pieter Tuinman

Respiratory Load

Respiratory Capacity

Lung disease

Cardiovascular dysfunction

Chest-wall disease

Muscle weakness

Diminished respiratory drive

Impaired neuromuscular function

McConville et al. *New Engl J Med* 2012

Go to www.menti.com and use the code 7618 1242

Which ventilatory mode do you usually use for controlled ventilation ?

A pie chart showing the distribution of ventilatory modes used for controlled ventilation. The chart is divided into four segments: A) Volume assist control (blue, 9), B) Pressure assist control (pink, 11), C) Dual mode (red, 5), and D) Many of them (yellow, 19). The segments are labeled with their respective counts and names.

Mode	Count
A) Volume assist control	9
B) Pressure assist control	11
C) Dual mode	5
D) Many of them	19



NASER (IRELAND)
Excellent work and great job!

DALIA (UK)
Thank you the organisers for an
excellent meeting

SETH (SINGAPORE)
Thank you all for the
fantastic Master Class!

JOHANNA (SPAIN)
Thank you all of you, it was great!!

MARTIN (SWITZERLAND)
Thank you all very much, great talks,
great masterclass!

PSV

Pressure support mode. NIV mode if available to compensate for air leaks

Flow

Airway pressure

Volume

Inspiratory trigger (eventually increased to avoid auto-triggering)

Fastest pressurization time (0 seconds 100% inspiratory rise

Maximum inspiratory time (1-1.2 seconds) if available

12 cm H₂O

2 Limit

10 cm H₂O

0.0

30 %

50 %

1 sec

PEEP (10-12 cm H₂O)

Pressure support (10-12 cm H₂O)

Expiratory trigger (10-50%, adjust to avoid double triggering)

R₂O₂ (titrate to Sp O₂)

Soft collar

Antimicrobial filter

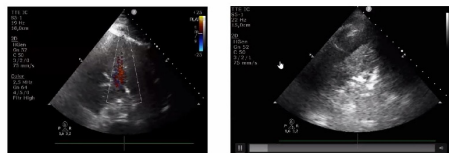
Inspiratory limb

Straps

Nasogastric tube

Expiratory limb

Extended Lung Ultrasound to Differentiate Between Pneumonia and Atelectasis in Critically Ill Patients



Mechanical Ventilation (MV)

Edition 2018 (Face to face)

- ✓ Of all participants (n=39), 27 (69.23%) completed both pre and post-test.
- ✓ The mean before the event was 68.72 ± 6.22 SD (Median 68.18) vs. 73.06 ± 6.10 (Median 72.73) after.
- ✓ **Significant knowledge increase of 4.33% (p<0.05).**

Edition 2019 (Face to face)

- ✓ Of all participants (n=48), 40 (83.33%) completed both pre and post-test.
- ✓ The mean before the event was 55.12 ± 9.08 SD (Median 55.35) vs. 59.17 ± 10.72 (Median 60.67) after.
- ✓ **Significant knowledge increase of 4.05% (p<0.05).**

Edition 2020 (Live virtual)

- ✓ Of all participants (n=65), 47 (72.30%) completed both pre and post-test.
- ✓ The mean before the event was 75.83 ± 9.91 SD (Median 78) vs. 81.15 ± 6.90 (Median 82) after.
- ✓ **Significant knowledge increase of 5.32% (p<0.05)!**

Edition 2021 June (Live virtual)

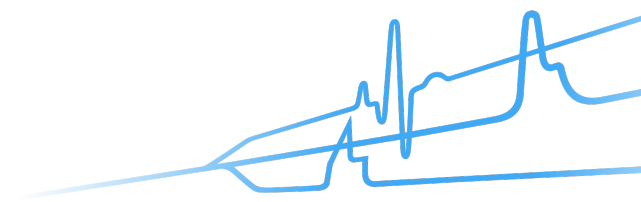
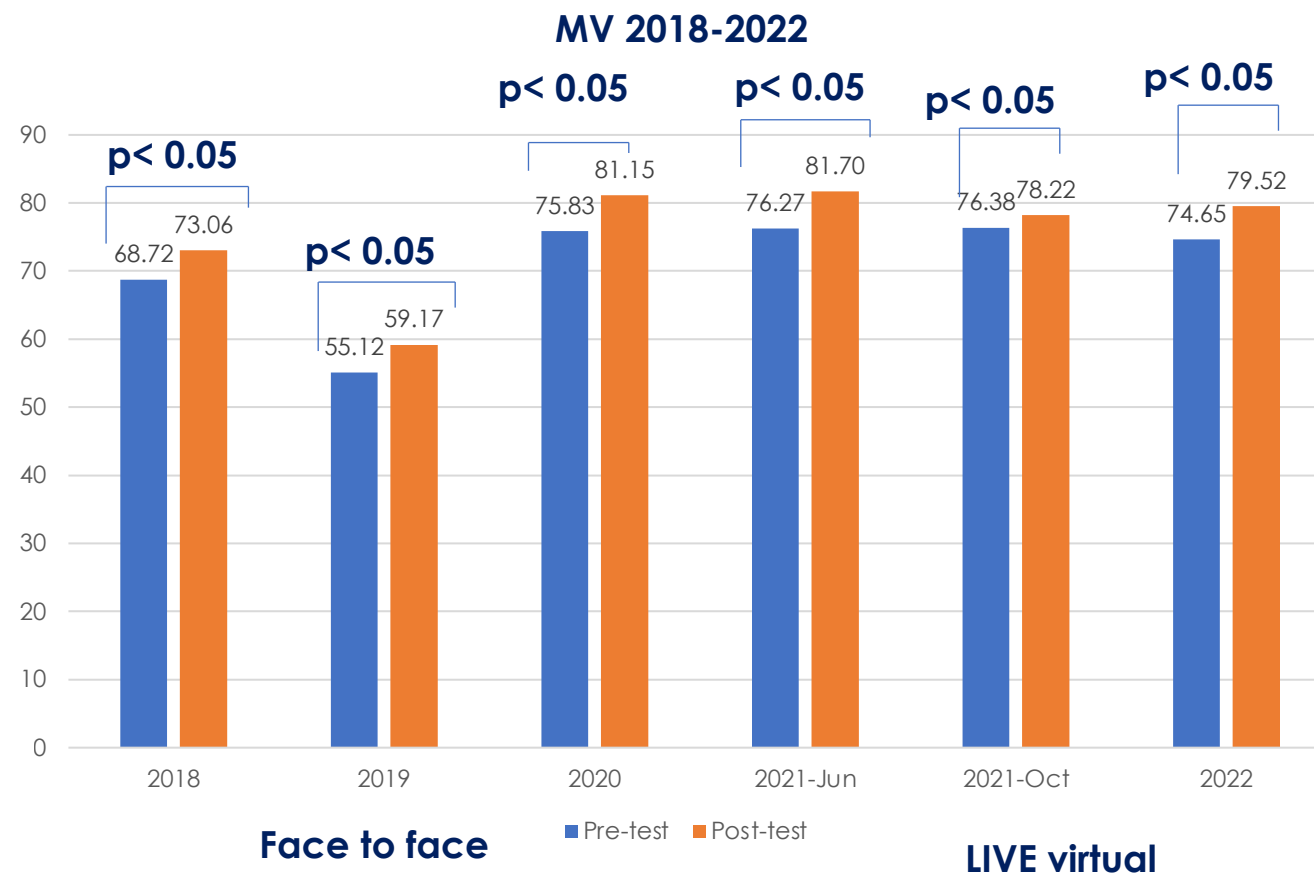
- ✓ Of all the participants (n=74), 66 (89.19%) completed both pre and post-test.
- ✓ The mean before the event was 76.27 ± 7.24 SD (Median 76) vs. 81.70 ± 5.48 (Median 82) after.
- ✓ **Significant knowledge increase of 5.42% (p-value<0.05)!**

Edition 2021 Oct/Nov (Live virtual)

- ✓ Of all the participants (n=75), 63 (84%) completed both pre and post-test.
- ✓ The mean before the event was 76.38 ± 8.82 SD (Median 78) vs. 78.22 ± 9.34 SD (Median 80) after.
- ✓ **Knowledge increase of 1.84% (p-value<0.05).**

Edition 2022 (Live virtual)

- ✓ Of all the participants (n=70), 46 (65.71%) completed both pre and post-test.
- ✓ The mean before our educational intervention was 74.65 ± 8.83 SD (Median 74) vs. 79.52 ± 8.94 SD (Median 82) after.
- ✓ **Significant knowledge increase of 4.87% (p-value<0.05).**



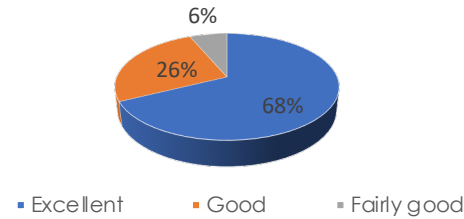
Participants Feedback MV – Face to face^{LP}

2018

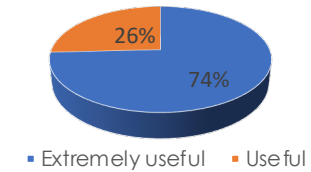


Face to face

What was your overall impression of this event's Programme?



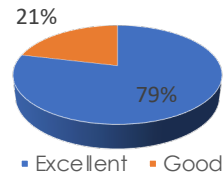
How useful for your professional activity did you find this event?



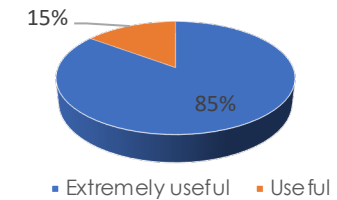
2019



What was your overall impression of this event's Programme?



How useful for your professional activity did you find this event?

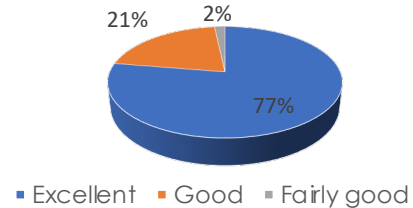


2020

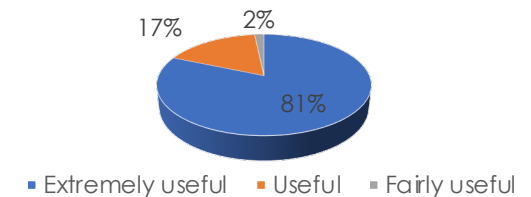


LIVE virtual

What was your overall impression of this event's programme?



How useful for your professional activity did you find this event?



Participants Feedback MV – Live virtual

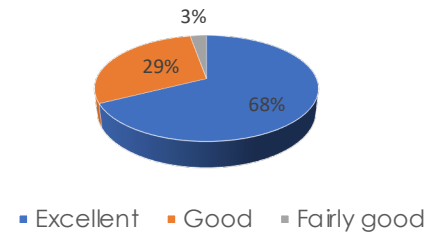
LP

LIVE virtual

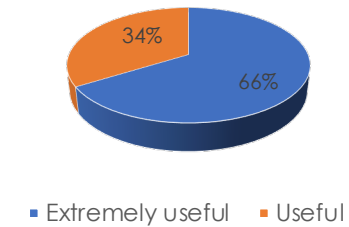
June 2021



What was your overall impression of this event's Programme



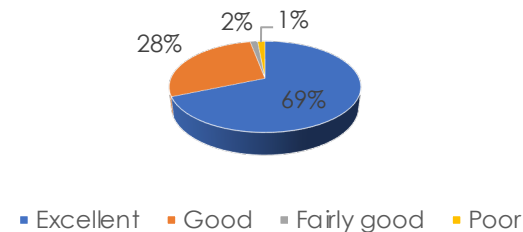
How useful for your professional activity did you find this event?



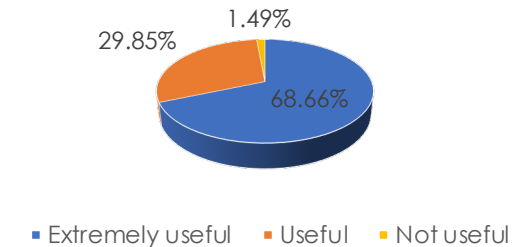
Oct/Nov 2021



What was your overall impression of this event's Programme?



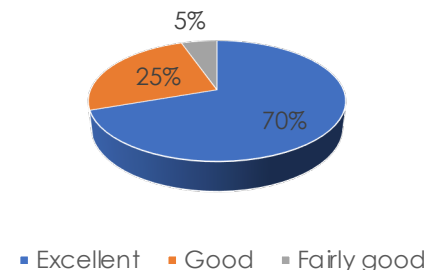
How useful for your professional activity did you find this event?



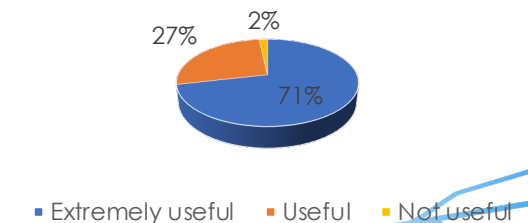
2022



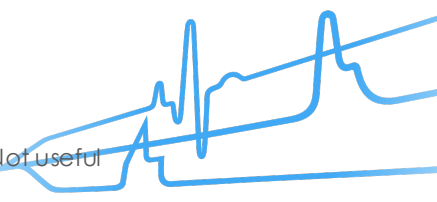
What was your overall impression of this event's Programme?



How useful for your professional activity did you find this event?



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MV 2020 Follow up Survey

Respondents=10 (n<50% of total attendees)

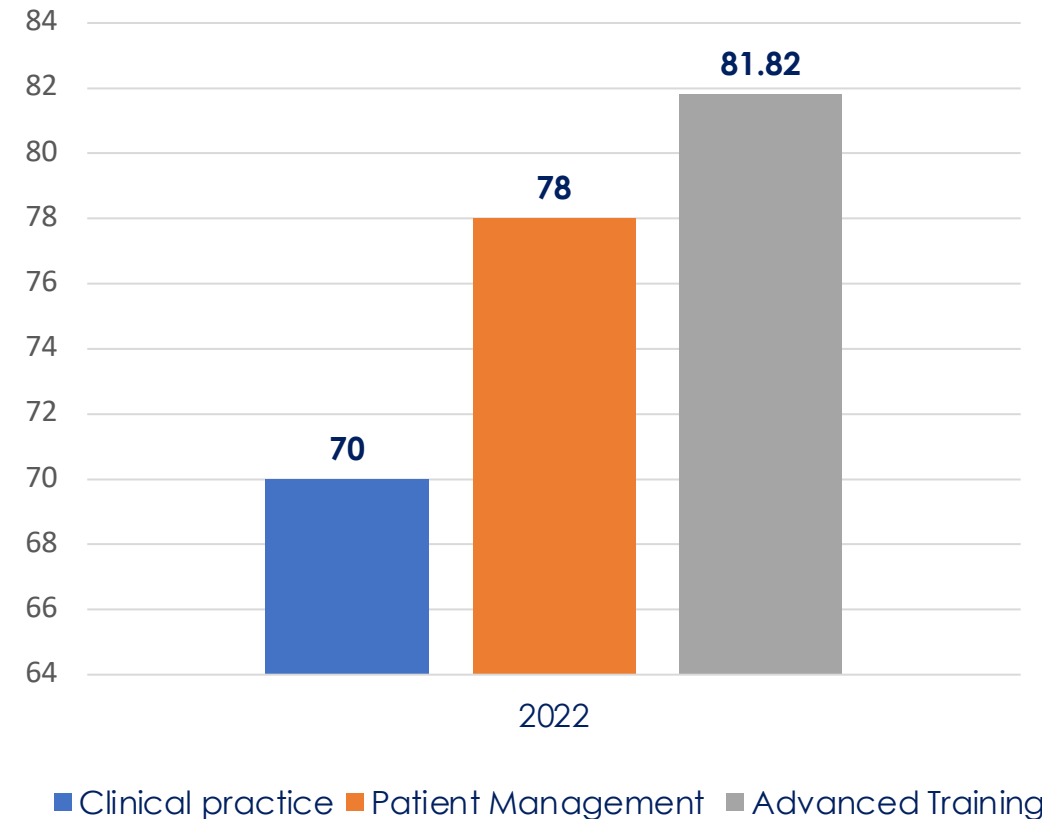
- ✓70% found it **very useful** for personal clinical practice

- ✓78% **changed** their patient management (from somewhat to very much)

- ✓70% find it **very useful** to have an advanced MV training

Due to low response rate we can see some trends but cannot draw conclusions

Follow up survey results (%)

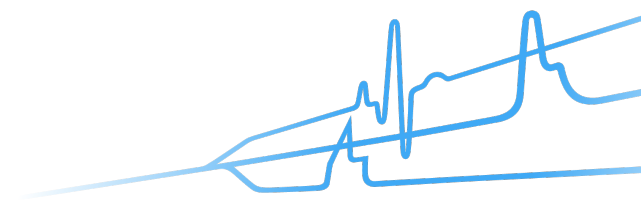




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LIVES educational activities

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LIVES Madrid (May 12-14, 2022)

LC

Hands-on MV: 57 participants



Hands-on Airway Management: 22 participants



LIVES Paris (October 22-26, 2022)

LC

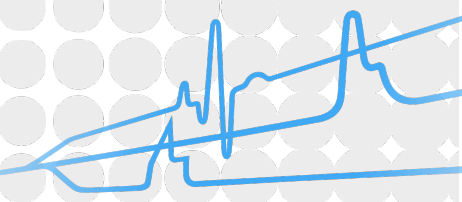
- **Pre-congress courses (October 22-23)**
 - Mechanical Ventilation (51 participants)
 - Advanced Bedside Monitoring in Acute Respiratory Failure (55 participants)
- **Congress Workshops (October 24-26)**
 - Hands-on in Mechanical Ventilation (120 participants)
- **Case-based fundamentals (October 25)**
 - COPD, muscle weakness and the art of weaning (open to 100 participants)



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- **LEVEL 1. Foundation course (introductory) in Acute Respiratory Failure & Mechanical Ventilation (L. Camporota & O. Roca)** (Virtual event) **February 23-24, 2023**
- **LEVEL 2. Transition course (application) in Acute Respiratory Failure and Mechanical Ventilation (L. Heunks & L. Piquilloud)** (Virtual event) **June 5-6, 2023**
- **LEVEL 3. Master course (integration and simulation) in Acute Respiratory Failure and Mechanical Ventilation (L. Heunks & L. Piquilloud)** (face to face pre-congress) **2023 October 21-22, 2023**
- **Hands-on and Simulations** (face to face during congress) **TBD**

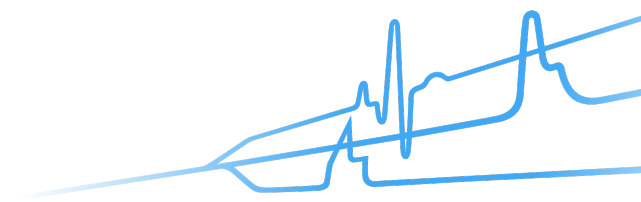




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RESEARCH ACTIVITIES ENDORSED BY THE ARF

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ARDS GUIDELINES 2021-2022

Goals

- To update ***evidence*** regarding ventilatory management of ARDS
- To add information pertinent to ***COVID-19 ARDS***
- To organise the evidence based on ***methodological*** criteria
- To integrate the evidence with “***expert opinion***”



How do we propose we achieve these goals?

- ESICM “appointed” :
 - 3 “**chairpersons**”: Carolyn Calfee, Luigi Camporota, Giacomo Grasselli
 - 1 **methodologist**: Daniele Poole
- Identified topics and domains of interest
- Identified a “**faculty**” group of expert in the field: balancing inclusiveness, range of expertise, geography.. and manageable number.
- This process has gone through several iterations
- Nominated one **coordinator** per topic
- Patient and Public representative

Categories :

- Definition
- Phenotypes
- Management

Categories :

Definition:

- Identify potential gaps in Berlin definition and areas of uncertainty; propose potential solutions/areas of uncertainty for future study
- We do not intend to propose a “new” Definition.

Phenotypes:

- Identify and specify distinct phenotypes of ARDS (clinical, radiologic, physiologic, biologic) that may be relevant for future clinical trials or clinical practice

Management:

- Update recently published treatment guidelines based on new evidence that has arisen, and provide expert commentary on incorporating new information into clinical practice

Topics : 9 “Domains”

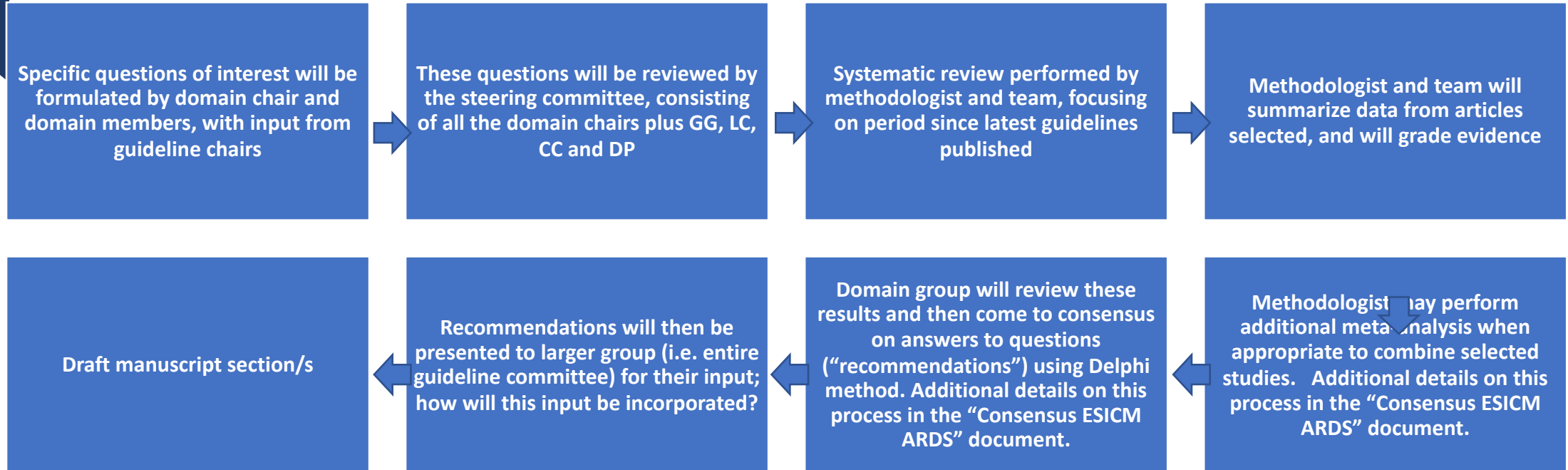
1. Definition
2. Phenotypes
3. HFNC
4. CPAP-NIV
5. Tidal volumes
6. PEEP-RM
7. Prone Position
8. NMBA
9. ECMO & ECCO₂R

Remit from ESICM: Consensus document on ARDS Definition, Phenotypes, and Management

- **Definition:** Goal not to propose new definition per se, but to identify issues with current definition and research gaps
 - Chair: Niall Ferguson
- **Phenotypes:** How should ARDS phenotypes be defined, identified; what is the evidence to date and research gaps?
 - Chairs: John Laffey, Lieuwe Bos
- **Management Domains:**
 - **HFNC:** Chair Michelle Gong
 - **NIV:** Chair Lise Piquilloud
 - **TV:** Chair Karen Burns
 - **PEEP/RM:** Chairs Jeremy Beitler, Josef Kesecioglu
 - **Prone:** Chair Claude Guerin
 - **NMB:** Chair Sheila Myatra
 - **ECMO/ECCOR:** Chair Danny McAuley



Within each “Domain” Group:



Domain coordinators will work closely with Methodologist, chairs
Chairs will coordinate also with other Societies (e.g., ATS)
The Guideline will be “ESICM” guideline

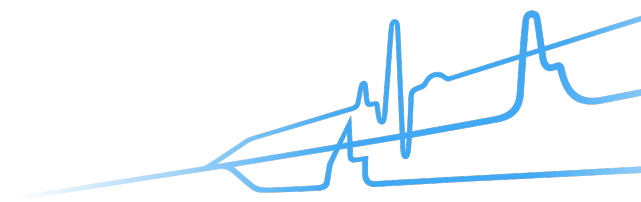
**To be Presented
25th October @10:10 Grand Amphi**



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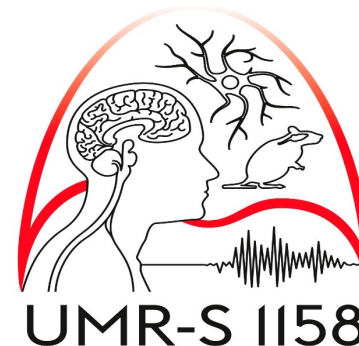
TASKFORCE ON DYSPNEA

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Dyspnea in acutely ill mechanically ventilated patients

Pr Alexandre DEMOULE
Medical ICU and Respiratory Division
La Pitié-Salpêtrière Hospital
Sorbonne University
Paris, France



Dyspnea in the ICU

- Among the worst suffering
- ICU: one of the most prominent and distressing symptoms
- A neglected symptom, as opposed to pain
- Dyspnea
 - Seems frequent and severe in ICU patients
 - Could affect the outcome and the ICU burden
 - Is difficult to detect in the ICU setting

Very large ERS/ESICM group

*Intensivists, Pulmonologists, Nurse,
Psychiatrist, Physiologists*

- Chairs: A Demoule, L Heunks, L Camporota, M Antonelli, T Similowski
- ERS: M Johnson, D Adler, R Schwasztein, M Campbell, M Basoglu, W Windisch
- ERS and ESICM: P Navalesi, M Decavèle, F Abroug
- ESICM: J Mancebo, P Pelosi, M Herridge, E Azoulay, G Grasselli

Statement Objectives

- 1) Pathophysiology of dyspnea and its risk factors
- 2) The prevalence of dyspnea, underestimation
- 3) Short and middle term clinical impact of dyspnea
- 4) Tools that can be used to detect and quantify dyspnea
- 5) Interventions that are susceptible to relieve dyspnea

Timetable

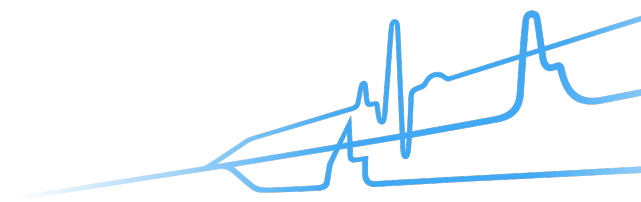
- *Sept 2019.* Kick-off meeting, ERS meeting
 - definition of subgroups
 - formulation of the main questions and subquestions
- *Oct 2020.* Kick-off online meeting, ERS and ESICM panelists
- *Nov 2020 – Dec 2021.* Literature searches and COVID surges
- *Jan – Mar 2022.* Review of full-text articles by each group
- *Apr – Sept 2022.* Groups writing phase
- *Oct 2022.* Manuscript preparation
- *Nov – Dec 2022.* Revision of the drafts, → writing committee, teleconf
- *Jan – Feb 2023.* Production of the final document.



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ESICM ERS – WEANING GUIDELINES

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Clinical Practices Guidelines on Weaning from Mechanical Ventilation



Clinical Practices Guidelines on Weaning from Mechanical Ventilation

ERS Co-chairs:

Martin Dres (Co-chair, France),

Paolo Navalesi (Co-chair, Italy)

ESICM Co-chairs:

John Laffey (Co-chair, Ireland),

Nicole Juffermans (Co-chair, Netherlands)

ERS Methodologist:

Blin Nagavci

Task Force members

1. Irene Arago, Porto, Portugal
2. Laurent Brochard, Toronto, Canada
3. Agnes Dechartres, Paris, France
4. Rik Gosselink, Belgium
5. Nicholas Hart, London, UK
6. Gonzalo Hernández, Madrid, Spain
7. Leo Heunks, Amsterdam, Netherlands
8. Lara Pisani, Bologna, Italy
9. Louise Rose, London, UK
10. Greet Hermans, Leuven, Belgium
11. Tai Pham, Paris, France
12. Lise Piquilloud, Lausanne, Switzerland
13. Mariangela Pellegrini, Uppsala, Sweden
14. Neuza Reis, Lisbon, Portugal



Clinical Practices Guidelines on Weaning from Mechanical Ventilation

Timeline:

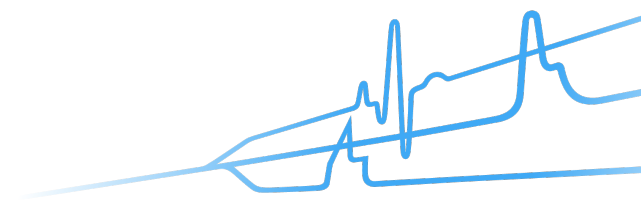
- ERS Kick-off meeting: **November 2021**
- **Co-endorsement ERS-ESICM:** March 2022
- **Kick-off ERS-ESICM** meeting September 2022
- **Sharing tasks** between panelists: October 2022



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RESEARCH PROJECT IDEAS – CALL FOR PROPOSALS

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ARF Section Meeting

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lise.piquilloud@chuv.ch



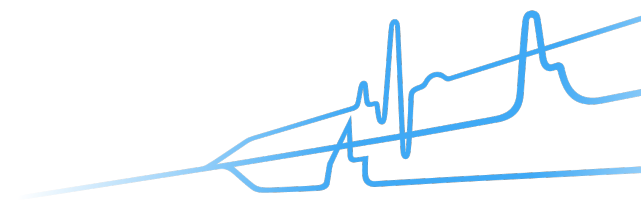
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CALL FOR RESEARCH COMMITTEE REPRESENTATIVE (Past Deputy)

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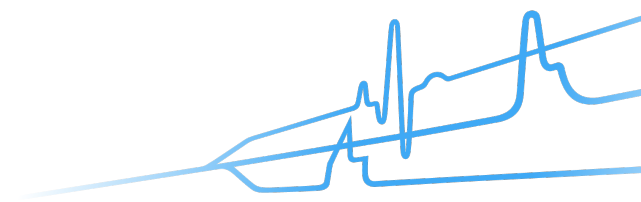




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UPDATE LIVES 2022 – CALL FOR PROPOSALS LIVES 2023

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QUESTIONS ?

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