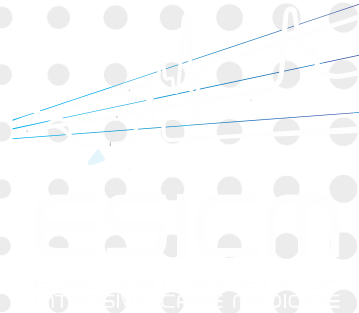
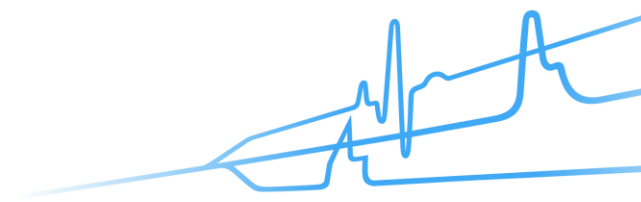


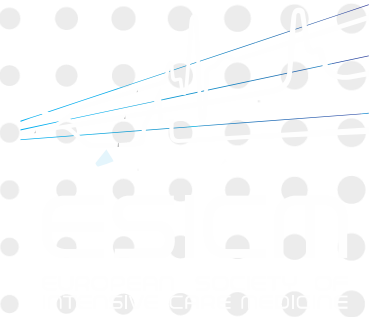
- 
1. Welcome
 2. Update on the section educational activities
 3. Feedback on the activities endorsed by the ARF in 2023
 4. Research: call for proposals
 5. Vacant positions: call for Eol
 6. AOB

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ARF SECTION MEETING - AGENDA

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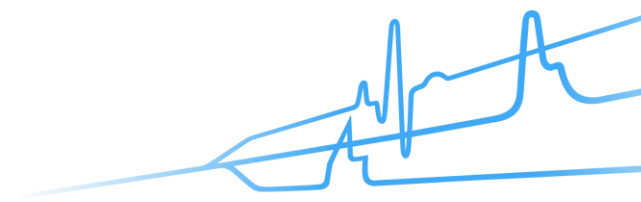




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UPDATE ARF SECTION COURSES - EDUCATION

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Master Class on Mechanical Ventilation – Structure

Fundamentals course

Transition course

Expert course



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ARF Section Educational activities

LC

Master Class on Mechanical Ventilation – Structure

Fundamentals course

Transition course

Expert course

For the future

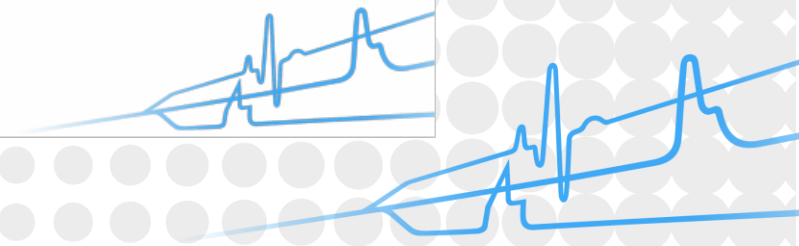
- Towards a certification?
- Towards an ESICM book

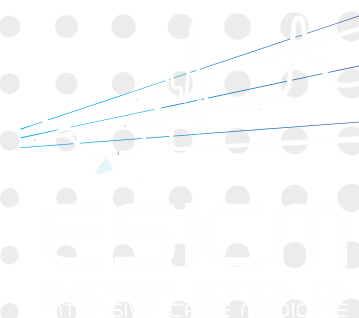


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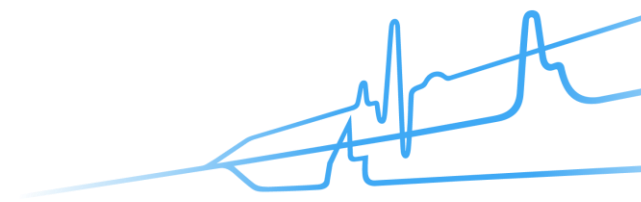


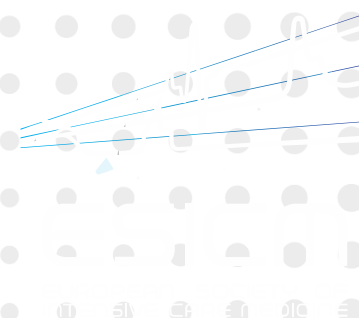


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ACTIVITIES ENDORSED BY THE ARF

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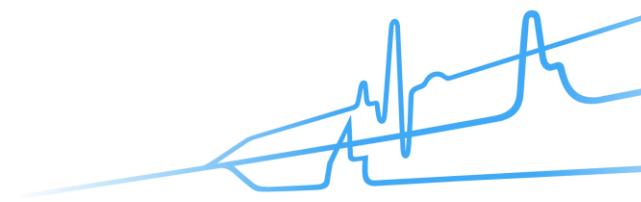




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ESICM GUIDELINES ON ARDS

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Summary ESICM Guidelines

61 panelists

9 domains

16 PICO_s

Patients Representatives

	2017	2023	CHANGE IN RECOMMENDATION	COMMENTS
Definition			★	No comparison available as the 2017 guidelines did not include a Definition domain.
Phenotypes			★	No comparison available as the 2017 guidelines did not include an ARDS Phenotype domain.
High flow nasal oxygen			★	No comparison available as the 2017 guidelines did not include recommendations on high flow nasal oxygen.
Non-invasive ventilation			★	No comparison available as the 2017 guideline did not include recommendations on non-invasive ventilation.
Tidal volume			⊘	In agreement with the use of low tidal volume strategies. 2023 guidelines extend this recommendation to patients with COVID-19.
Positive end-expiratory pressure			⊙	2017 : suggest that adult patients with moderate or severe ARDS receive higher rather than lower levels of PEEP. 2023 : analysis of data does not allow to make a recommendation for or against higher PEEP strategy.
Recruitment maneuvers			⊙	2017 : suggest that adult patients with ARDS receive RMs. 2023 : recommend against RMs due to increased mortality and risks.
Oscillatory ventilation				2017 : recommend that HFOV not be used routinely in patients with moderate or severe ARDS. 2023 : not examined given the absence of studies since 2017 and the lack of use of HFVO in adults.
Prone position			⊘	Agreement with the use of prone position in ARDS. Additions in 2023 are the use of awake proning and the use in COVID-19.
Neuromuscular blockade			★	No comparison available as the 2017 guidelines did not include recommendations on neuromuscular blockade.
Extracorporeal membrane oxygenation			⊙	2017 : additional evidence is necessary to make a definitive recommendation. 2023 : recommend ECMO in patients with severe ARDS.
Extracorporeal CO ₂ removal			★	No comparison available as the 2017 guidelines did not include recommendations on extracorporeal CO ₂ removal. 2023 guidelines recommend against ECCO ₂ R in ARDS.



AVAILABLE



NOT AVAILABLE



NEW RECOMMENDATION
/ DOMAIN SINCE 2017



CHANGE IN
RECOMMENDATION



NO CHANGE



NOT CONSIDERED

ARDS: acute respiratory distress syndrome; COVID-19: coronavirus disease 2019; ECCO₂R: Extracorporeal CO₂ Removal; ECMO: extracorporeal membrane oxygenation; HFOV: High-frequency oscillatory ventilation; PEEP: positive end-expiratory pressure; RM: recruitment maneuver

Team Effort



L. Camporota



G. Grasselli



C. Calfee



D. Poole



K. Burns



S. Myatra



L. Bos



J. Laffey



N. Ferguson



J. Beitler



M. Ng Gong



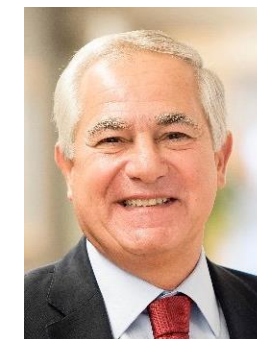
C. Guerin



L. Piquilloud



D. McAuley



J. Kesecioğlu

Plus many expert members not pictured here, and Guy Francois from ESICM!

Conclusions



Intensive Care Med
<https://doi.org/10.1007/s00134-023-07050-7>

CONFERENCE REPORTS AND EXPERT PANEL

ESICM guidelines on acute respiratory distress syndrome: definition, phenotyping and respiratory support strategies



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Abstract

The aim of these guidelines is to update the 2017 clinical practice guideline (CPG) of the European Society of Intensive Care Medicine (ESICM). The scope of this CPG is limited to adult patients and to non-pharmacological respiratory support strategies across different aspects of acute respiratory distress syndrome (ARDS), including ARDS due to coronavirus disease 2019 (COVID-19). These guidelines were formulated by an international panel of clinical experts, one methodologist and patients' representatives on behalf of the ESICM. The review was conducted in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement recommendations. We followed the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach to assess the certainty of evidence and grade recommendations and the quality of reporting of each study based on the EQUATOR (Enhancing the QUALity and Transparency Of health Research) network guidelines. The CPG addressed

AHRF/ARDS
Not Mechanically
Ventilated Patients

- Clinical-Radiological characterisation
- Assessment of Respiratory Mechanics
- Fluid and haemodynamic management

HFNC or CPAP/NIV
±
Awake Prone Position



Effect on Intubation
Not on mortality
Suggestion for CPAP in COVID-19

ALL ARDS
Patients

Invasive Mechanical Ventilation

Low tidal volume ventilation strategies
i.e. 4-8 ml/kg predicated body weight

Adjust Tidal Volume to keep
Plateau Pressure <30 cmH₂O;
monitor driving pressure.

Set initial PEEP
On PEEP/FiO₂ Table

Consider lung mechanics
monitoring in selected patients

Moderate-Severe
ARDS

Prone Position
PaO₂/FIO₂<150 mmHg

For 12-16 hours regardless of
improvement in gas exchange

NMBA
In selected patients

e.g., asynchronies

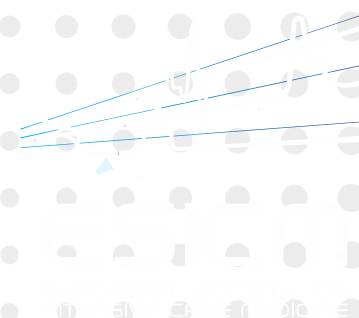
Avoid high pressure recruitment
manoeuvres – particularly if prolonged

Avoid ECCO₂R outside RCT



In Severe ARDS
Early consideration for
ECMO

Based on EOLIA trial eligibility
criteria in an ECMO centre which
meets defined standards

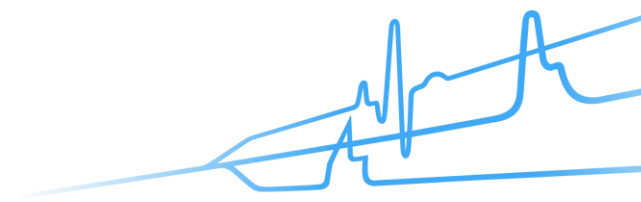


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TASKFORCE ON DYSPNEA

Accepted for publication in ERJ

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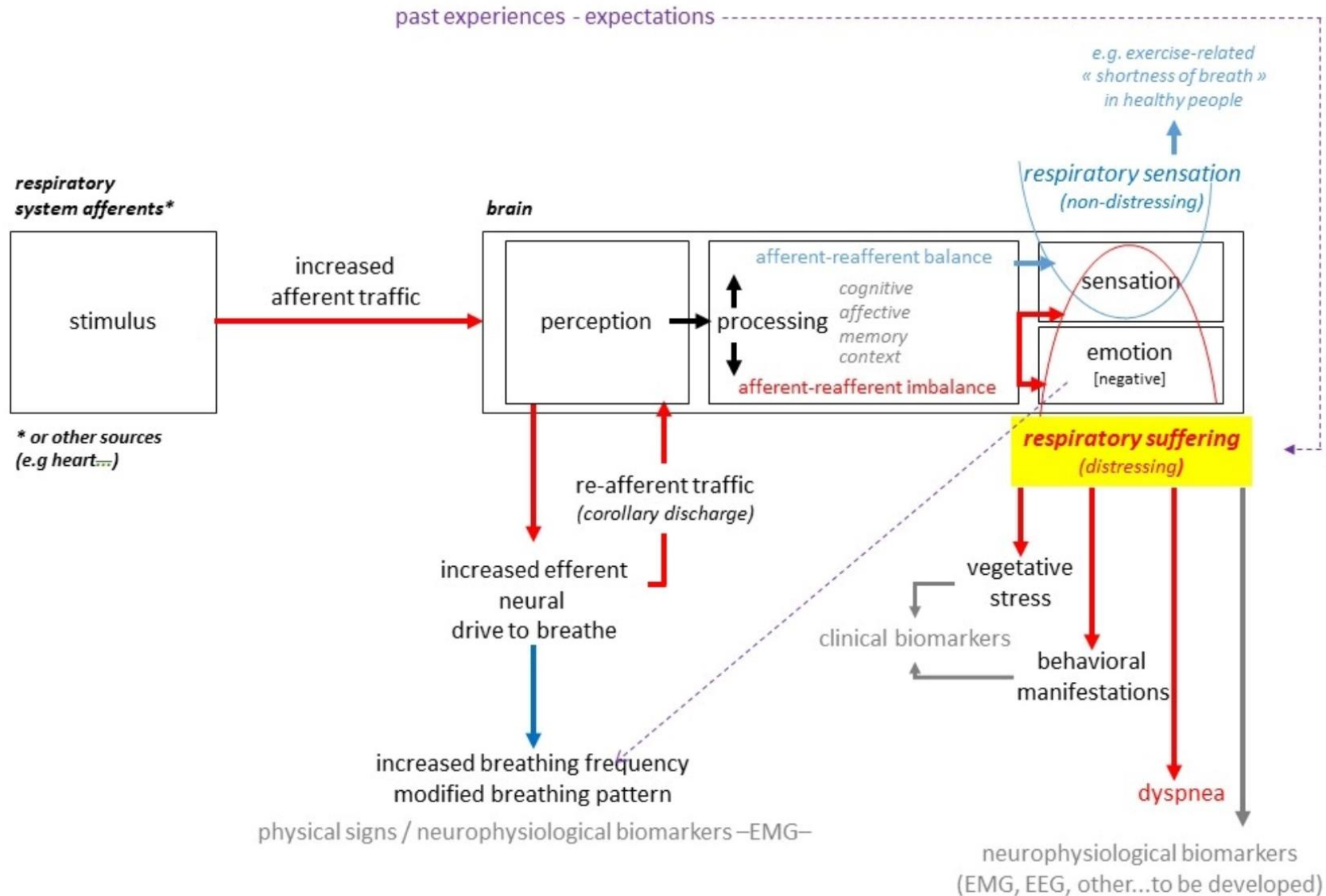
Dyspnea in acutely ill mechanically ventilated patients

An ERS/ESICM statement

Alexandre DEMOULE^{1,2}, Maxens DECAVELE^{1,2}, Massimo ANTONELLI³,
Luigi CAMPOROTA⁴, Fekri ABROUG⁵, Dan ADLER^{6,7}, Elie AZOULAY⁸, Metin
BASOGLU⁹, Margaret CAMPBELL¹⁰, Giacomo GRASSELLI^{11,12}, Margaret HERRIDGE¹³,
Miriam J JOHNSON¹⁴, Lionel NACCACHE^{15,16}, Paolo NAVALESI^{17,18}, Paolo PELOSI^{19,20},
Richard SCHWARTZSTEIN²¹, Clare WILLIAMS²², Wolfram WINDISCH²³, Leo
HEUNKS^{24*}, Thomas SIMILOWSKI^{2,25*}

*The two last authors contributed equally to the manuscript.

Mechanisms and definition



A. RDOS

Variables	0 points	1 point	2 points
1- Heart rate (beats/min)	<90	90–109	≥ 110
2- Respiratory rate (breaths/min)	≤ 18	19–30	> 30
3- Restlessness: nonpurposeful movements	None	Occasional, slight movements	Frequent movements
4- Paradoxical breathing pattern: abdomen moves in on inspiration	None		Present
5- Use of neck muscles during inspiration: rise of clavicle during inspiration	None	Slight rise	Pronounced rise
6- Grunting at end inspiration: guttural sound	None		Present
7- Nasal flaring: involuntary movement of nares on inspiration	None		Present
8- Facial expression of fear	None		Eyes wide open, facial muscle tense, brow furrowed, mouth open, teeth together

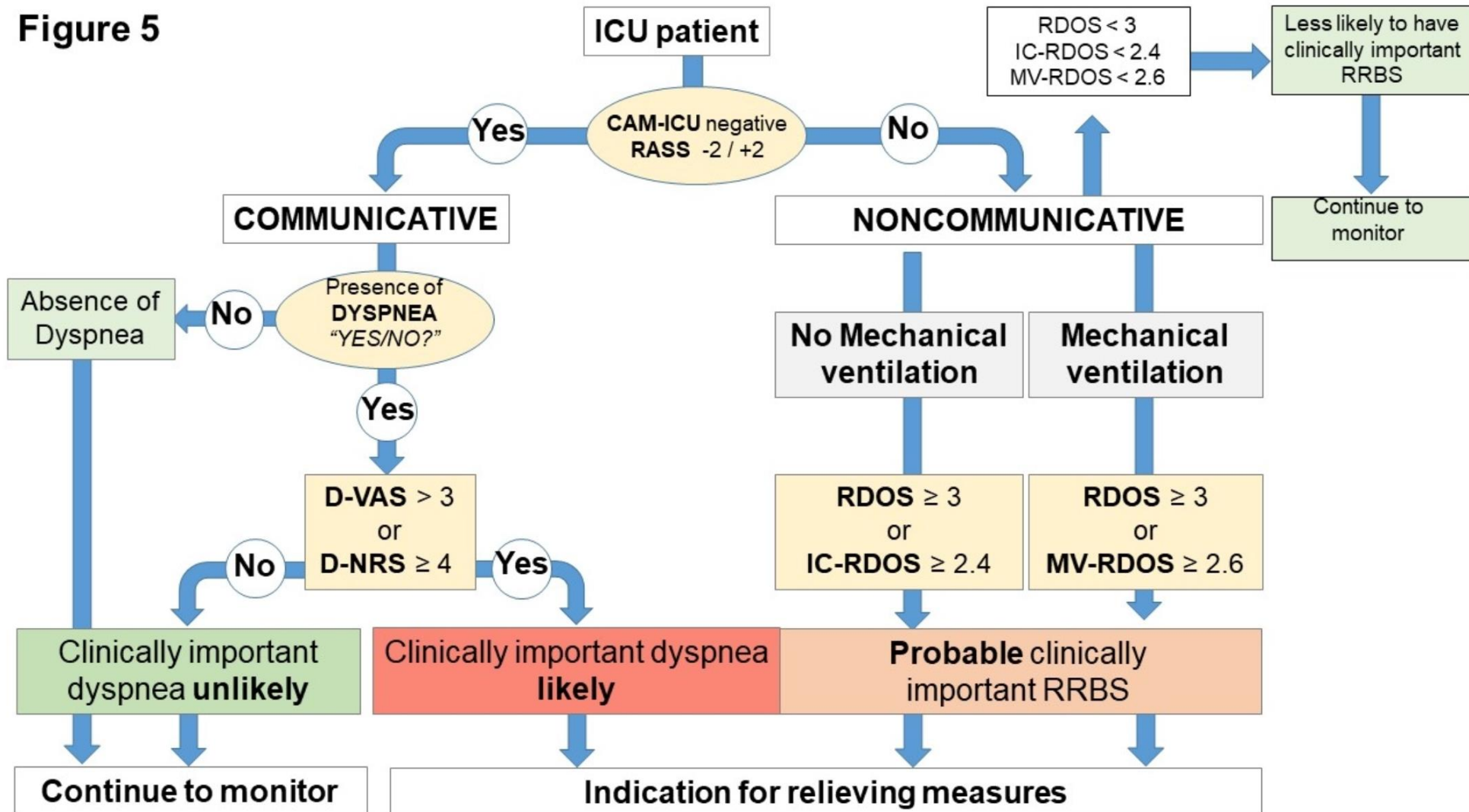
B. IC-RDOS

Variables	Score	Variables	Score
0-	3.3	- 0	3.3
1- Heart rate (beats/min)	+ (Heart rate) / 65	-1 Heart rate (beats/min)	+ (Heart rate) / 65
2- Use of neck muscles during inspiration if present if absent	+ 1 - 1	2- Use of neck muscles during inspiration if present if absent	+ 1 - 1
3- Paradoxical breathing pattern if present if absent	+ 1 - 1	3- Paradoxical breathing pattern if present if absent	+ 1 - 1
4- Facial expression of fear if present if absent	+ 1 - 1	4- Facial expression of fear if present if absent	+ 1 - 1
5- Oxygen supplemental if present if absent	+ 0.7 - 0.7	5- Respiratory rate (breaths/min)	+ (Respiratory rate) / 50

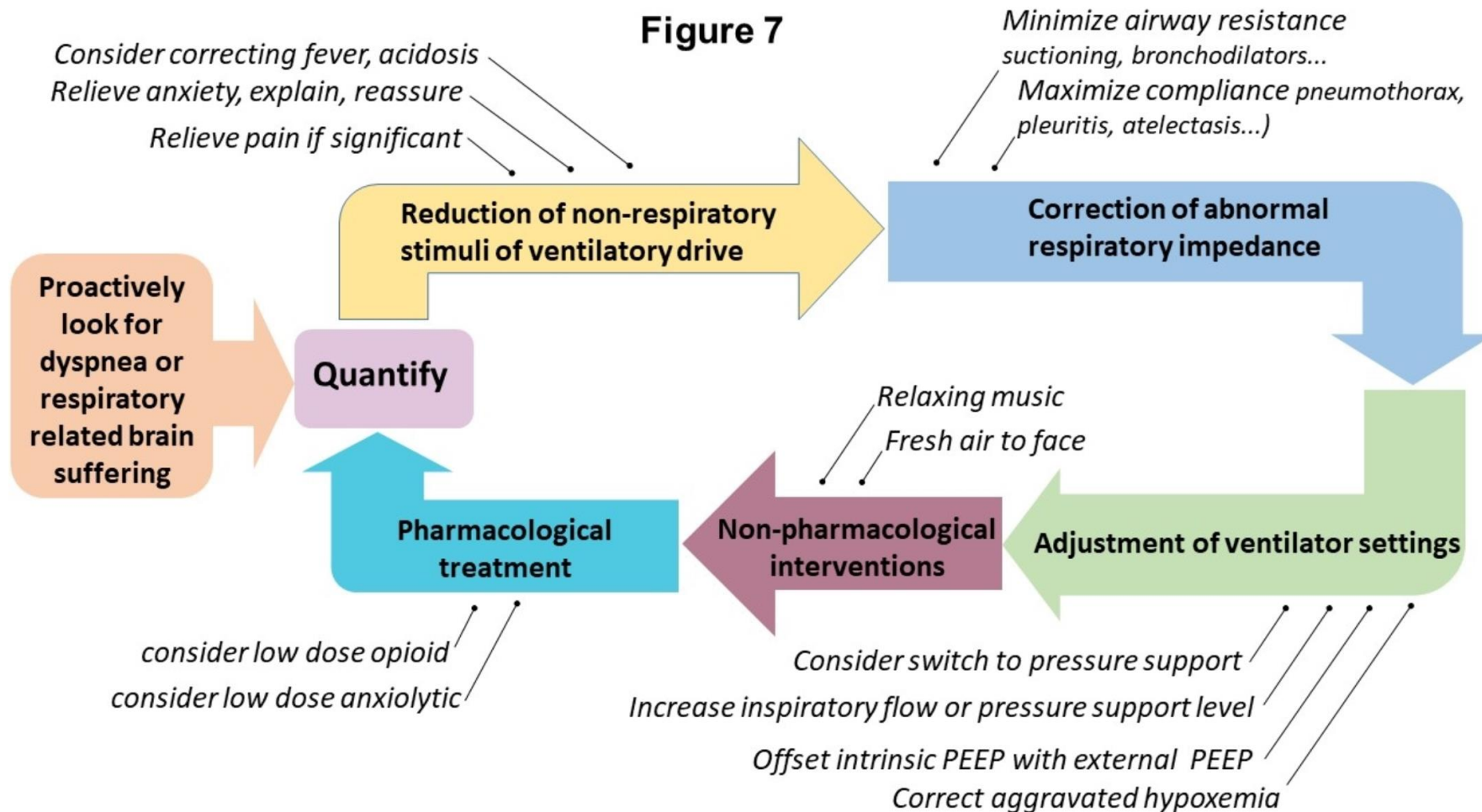
C. MV-RDOS

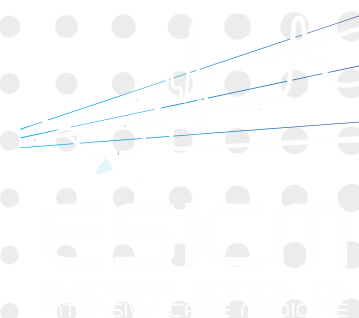
Patient bedside dyspnea assessment algorithm in the intensive care unit setting.

Figure 5



Step-by-step management of dyspnea in mechanically ventilated patient

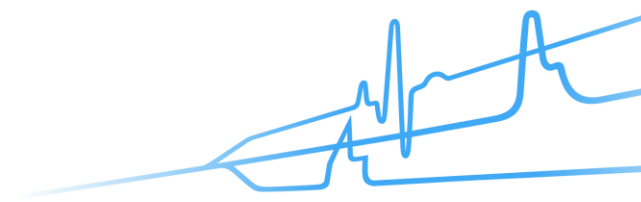




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ESICM ERS – WEANING GUIDELINES

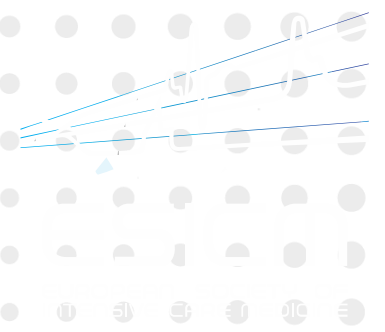
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Clinical Practices Guidelines on Weaning from Mechanical Ventilation

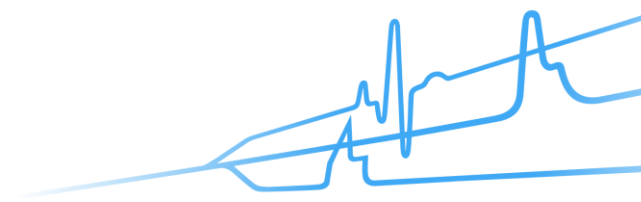
Work in progress, literature review is ongoing



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RESEARCH PROJECT IDEAS – CALL FOR PROPOSALS

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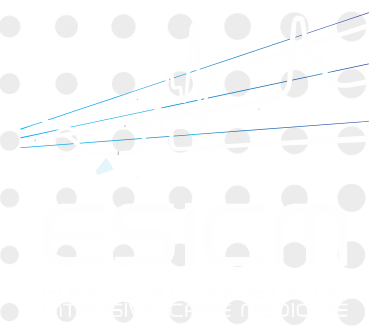


RESEARCH PROJECT IDEAS – CALL FOR PROPOSALS

- Types of projects
 - Surveys
 - Observational studies
 - Prospective projects
- Deadline for proposals to the ARF section: 15th of December 2023
- How:
 - short description of your project (max 2 pages with short rational, research question, design, short methodological description
 - E-mail to lise.piquilloud@chuv.ch)
- 2 or 3 project will be selected to be proposed to ESICM for endorsement in January 2024

Happy to have your opinion on the following ideas

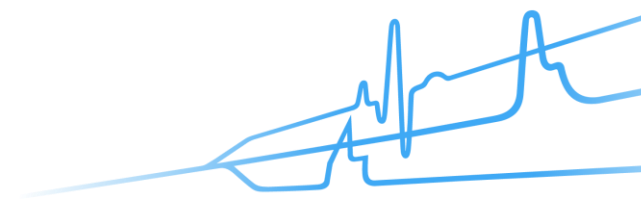
- Ventilation management during pregnancy: observational international study
- Right time for intubation in ARF: DELPHI method to find consensus
- Large scale observational study on assisted ventilation (levels of assist, levels of sedation used, monitoring techniques used, levels of P0.1,...)



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VACANT POSITIONS – CALL FOR Expression of Interest

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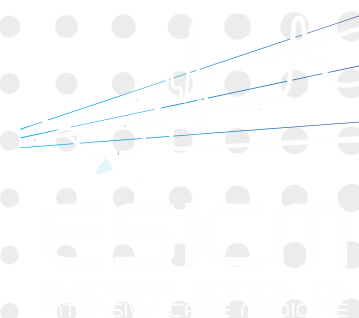


VACANT POSITIONS – CALL FOR CANDIDATES

- 2 representatives from the ARF section for

Social Media Committee
e-Learning Committee

- Deadline for EoI to the ARF section: **15th of Novembre 2023**
- How:
 - E-mail to lise.piquilloud@chuv.ch
 - Short biosketch and what makes you apply for the position
- One candidate will be selected for each position and proposed to the ESICM committee



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AOB - QUESTIONS ?

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