

COLOURS 19TH of Sepsis



Ostrava 2017

before as PG course on Sepsis and MODS

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u Ostravě!!!*

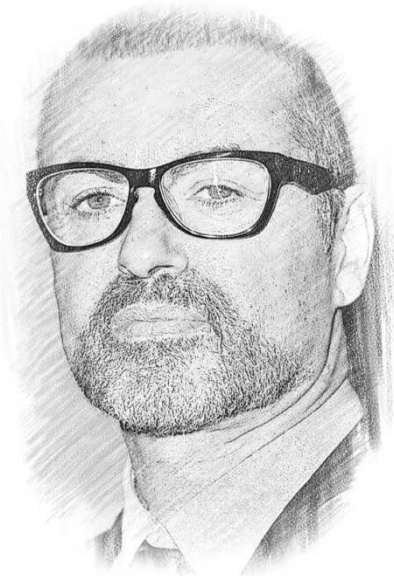
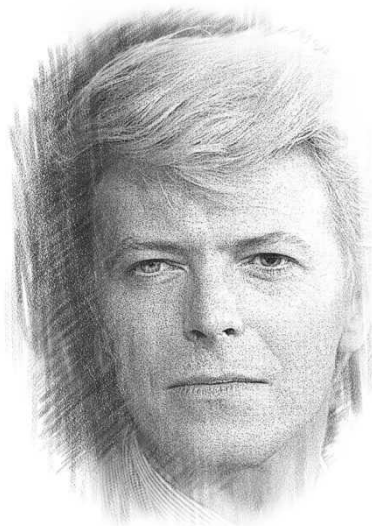
2016

Tributes to



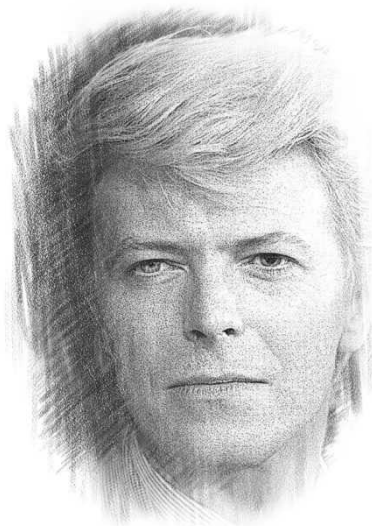
2016

Tributes to



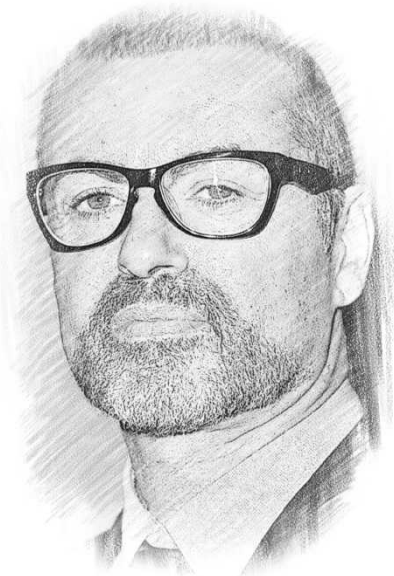
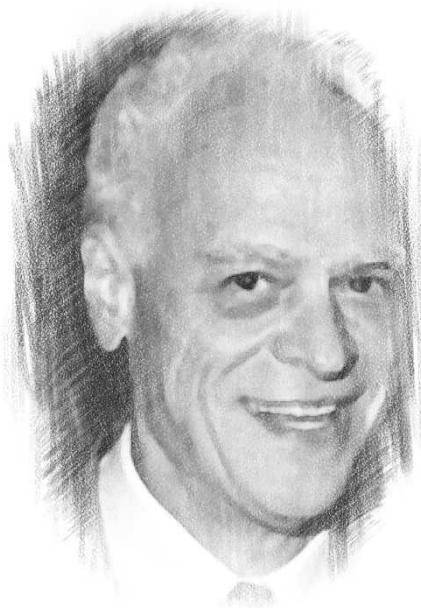
2016

Tributes to



2016

Tributes to





2016

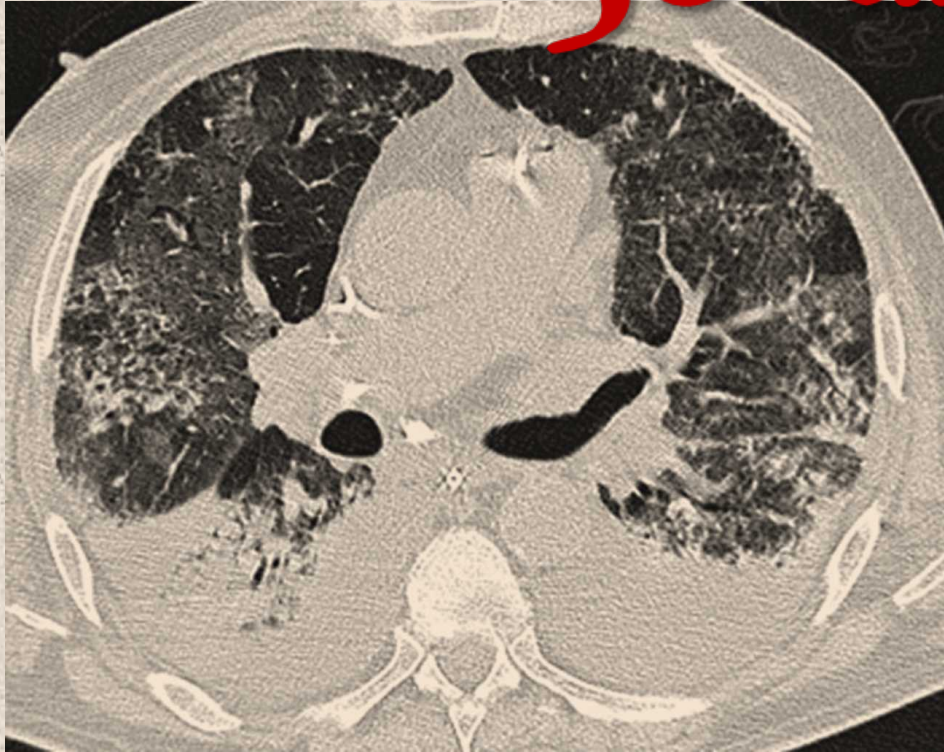
Tributes to



Celebrate

ARDS

50-tiny



**HAPPY
BIRTHDAY**



The Lancet *Saturday 12 August 1967*



Lancet

1967;2:319-323

ACUTE RESPIRATORY DISTRESS IN ADULTS

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Summary The respiratory-distress syndrome in 12 patients was manifested by acute onset of tachypnoea, hypoxaemia, and loss of compliance after a variety of stimuli; the syndrome did not respond to usual and ordinary methods of respiratory therapy. The clinical and pathological features closely resembled those seen in infants with respiratory distress and to conditions in congestive atelectasis and postperfusion lung. The theoretical relationship of this syndrome to alveolar surface active agent is postulated. Positive end-expiratory pressure was most helpful in combating atelectasis and hypoxaemia. Corticosteroids appeared to have value in the treatment of patients with fat-embolism and possibly viral pneumonia.

of lung compliance, and diffuse alveolar chest X-ray.

No patient had a previous history. 1 patient gave a history of mild asthma, no disability or recent attacks, and a cough that was attributed to cigarette smoking. 10 patients did not have any previous respiratory illness.

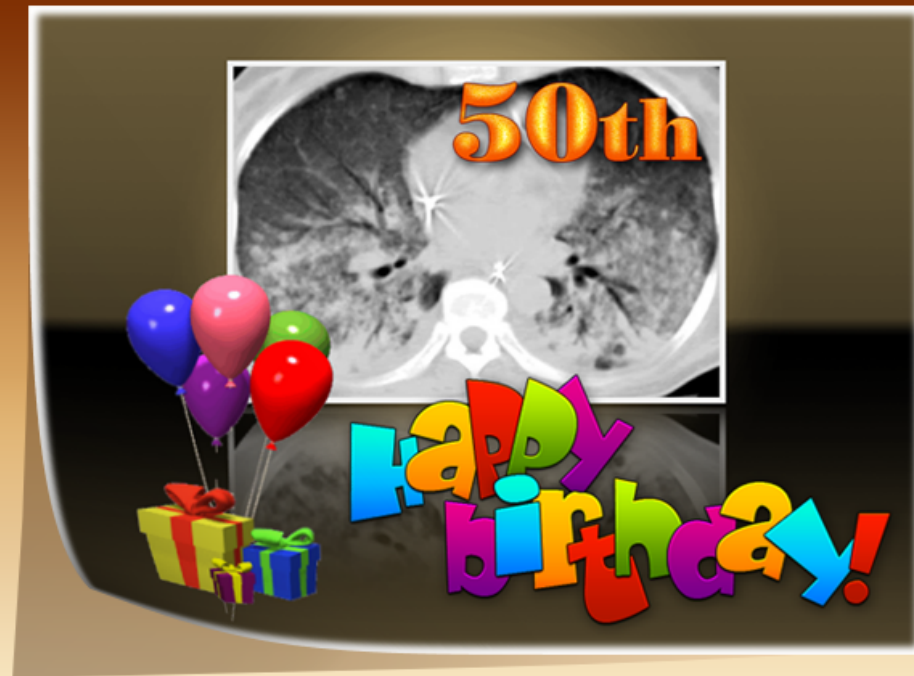
Severe trauma preceded respiratory distress in 10 patients (table 1). Viral infection in 4 patients and a fall in 1 patient were precipitating factors in the remaining 2 patients. Acute respiratory distress occurred as early as one hour and as late as ninety-six hours after the precipitating illness or injury. Hypoxaemia of varying degree and duration was present in 5 patients. Excessive fluid administration occurred in 7 patients. 4 patients developed acidosis with pH less than 7.3 before the onset of respiratory distress.

Methods

All patients were admitted to intensive-care units of the surgical or medical services. Blood-gas studies were performed on arterial blood drawn by percutaneous puncture of either brachial or femoral artery. In most instances, blood was drawn only during a steady state. $P_{a}O_2$ measurements were determined with a Clark electrode and oxygen saturation was measured on

TABLE I—ACUTE RESPIRATORY DISTRESS

Case	Age (yr.)	Sex	Illness	Onset of acute respiratory distress (hr. after illness)	Possible contributory factors		
					Hypotension	Acidosis	Fluid overload
1	29	M	Multiple trauma; lung contusion	8	++	++	+++ 7500 ml.
2	19	F	Multiple trauma; lung laceration and contusion	1	+++	++	+++ 3000 ml.



Čtvrtek, 9.2.2017
sál Platinum
od 10:20 hod

ARDS in 2017

How ARDS should be treated in 2017

L. Gattinoni (Germany)

Protective ventilation in pulmonary and
extrapulmonary ARDS - are there any differences?

T. Müller (Germany)

ARDS - when should I decide for ECMO?

K. Palmer (Sweden)



15.

Welcome to Ostrava!!!

COLOURS^{19th} of Sepsis



Ostrava 2017
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Ostrava, 7. - 10. únor 2017

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Ostrava 2017

14.

Symposium

AKTUALITY

V DĚTSKÉ INTENZIVNÍ PÉČI

Jako součást

19th Colours of Sepsis 2017

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Welcome to Ostrava!!!



4.

POSTGRADUÁLNÍ KURZ
SESTER V INTENZIVNÍ PÉČI

Ostrava 2017

Pod záštitou

Profesní a odborové unie zdravotnických pracovníků
České asociace sester
Slovenskej komory sestier a pôrodných asistentiek

Jako součást

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