



COVID-19: COME SI CURA OGGI IN OSPEDALE?

Lorenzo Ball

CONFLICTS OF INTEREST



NONE

DO WE STILL NEED THE **INTENSIVIST**?

IN OTHER WORDS: WHAT AM I DOING HERE?

- **OTHER PATHOLOGIES**
- **PNEUMONIA IN IMMUNOCOMPROMISED**
- **PNEUMONIA IN UNVACCINATED**
- **WE MAY STILL NEED INTENSIVISTS**



THERE IS A **TIME** WINDOW FOR **NON-INVASIVE** SUPPORT

BROCHARD L., SEMIN RESPIR CRIT CARE MED. 2014;35(4):492-500.

Papoutsi et al. *Crit Care* (2021) 25:121
<https://doi.org/10.1186/s13054-021-03540-6>

Critical Care

RESEARCH

Open Access

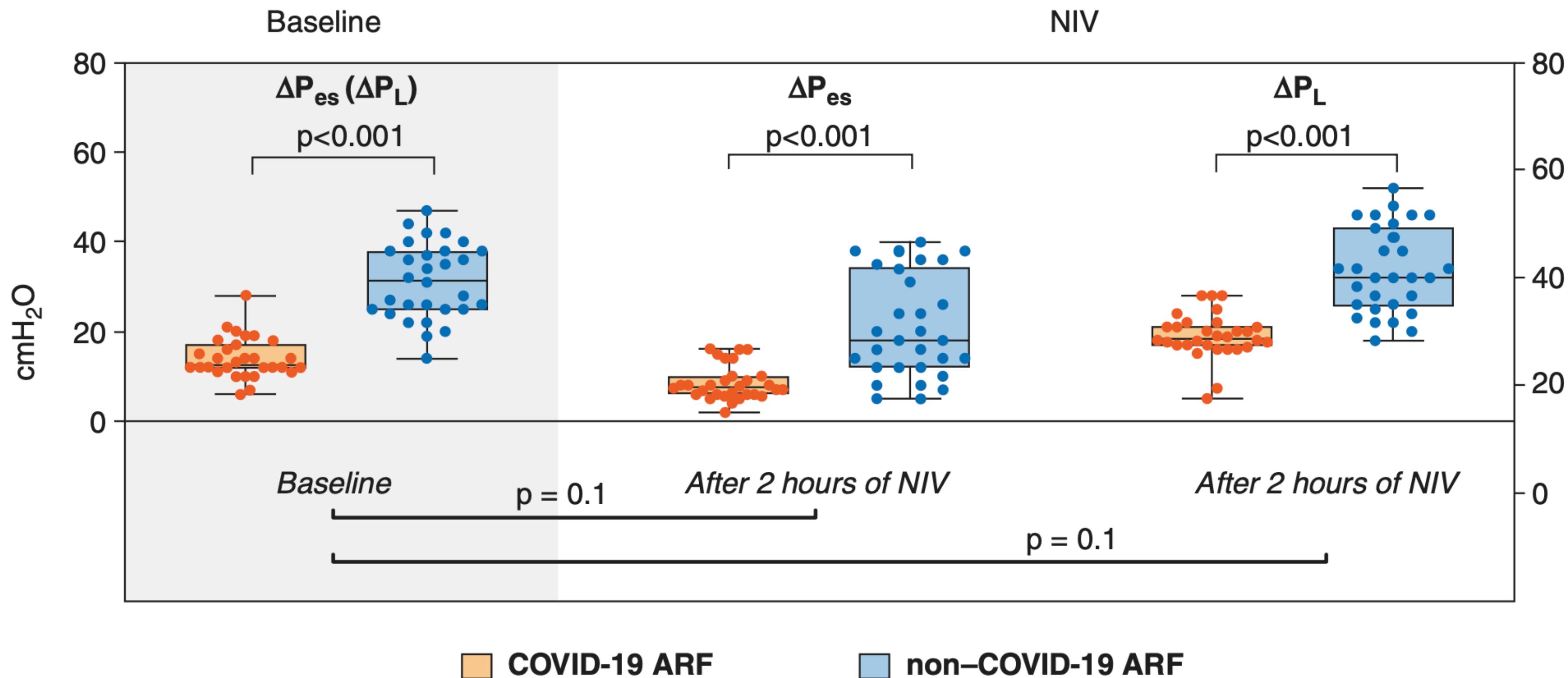
Effect of timing of intubation on clinical outcomes of critically ill patients with COVID-19: a systematic review and meta-analysis of non-randomized cohort studies



Conclusions: The synthesized evidence suggests that timing of intubation may have no effect on mortality and morbidity of critically ill patients with COVID-19. These results might justify a wait-and-see approach, which may lead to fewer intubations. Relevant guidelines may therefore need to be updated.

WE BETTER UNDERSTOOD THE EFFECTS OF COVID-19

TONELLI R ET AL., AM J RESPIR CRIT CARE MED. 2020;202(4):558-67.



WE BETTER INVESTIGATED THE EFFECTS OF **NRS FAILURE**

BALL L ET AL., RESP PHYSIOL NEUROBIOL 2022

Critically ill COVID-19
patients who failed
helmet CPAP and required
intubation (n = 52)

The ICU mortality in the **very late**
(> 7 days of h-CPAP) compared to the
early-intermediate intubation group was 12/16
(75%) versus 16/36 (44%), $p = 0.07$

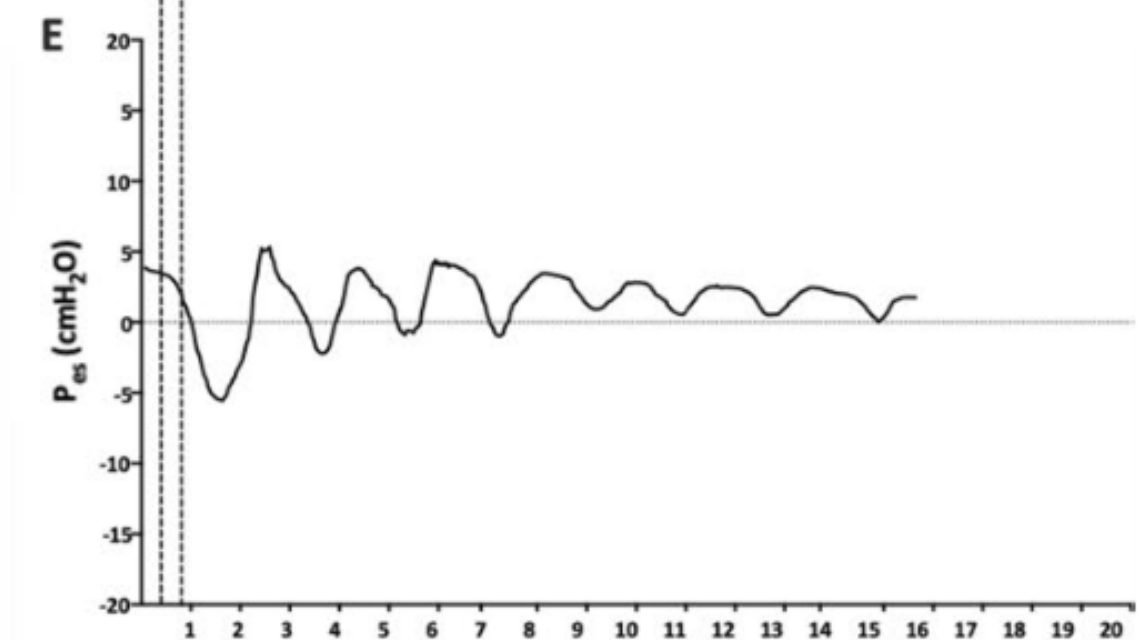
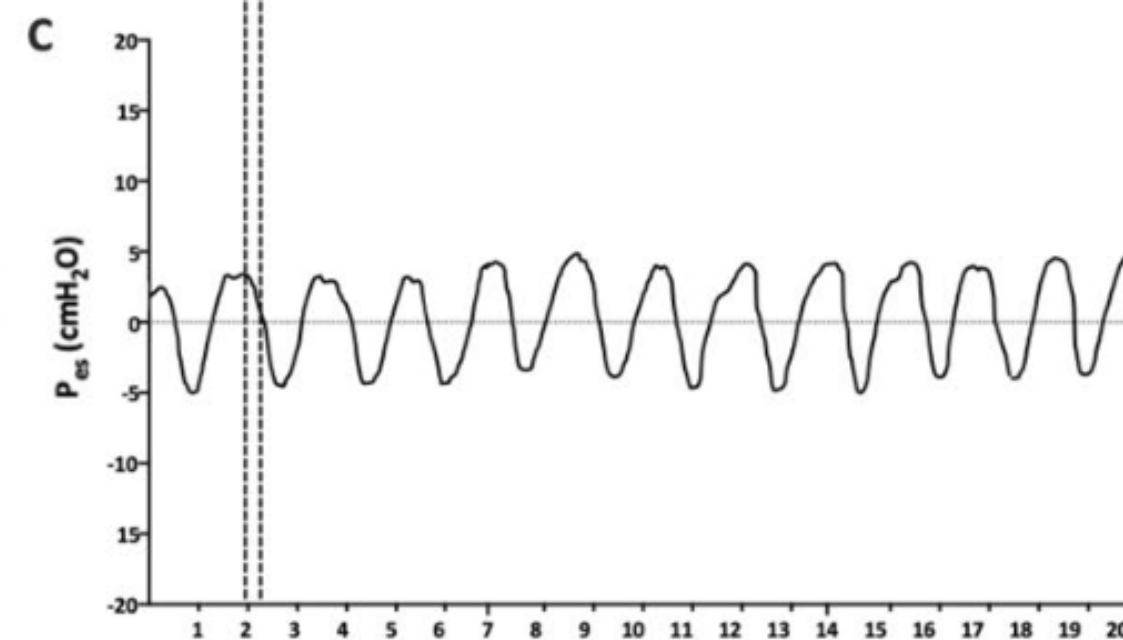
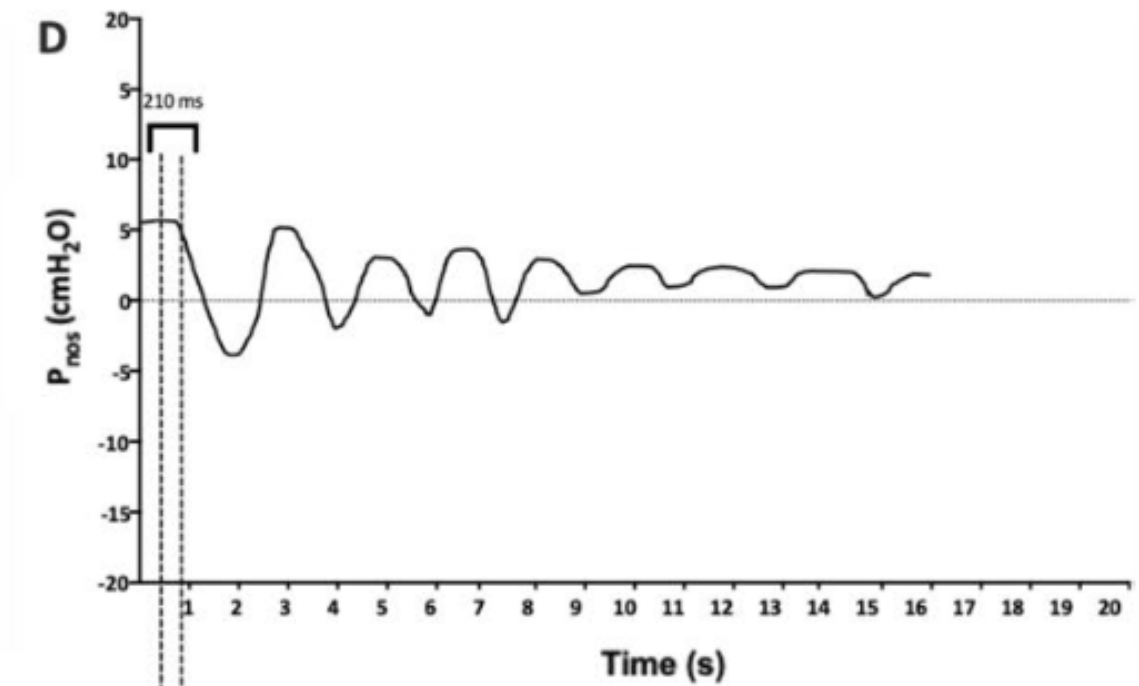
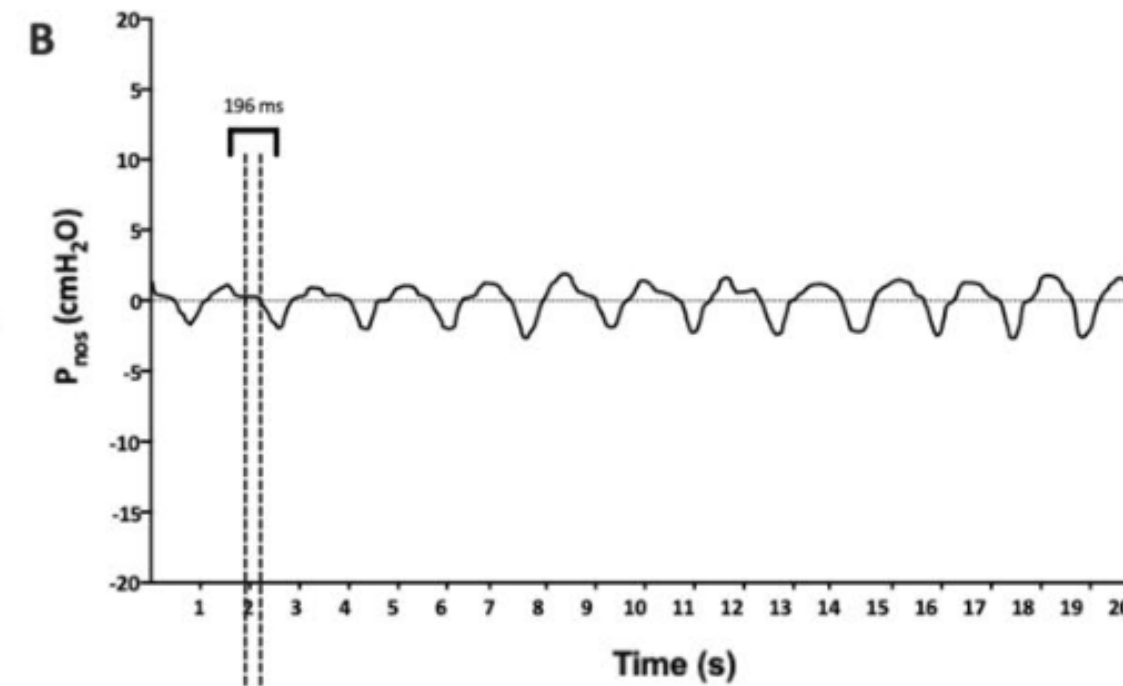
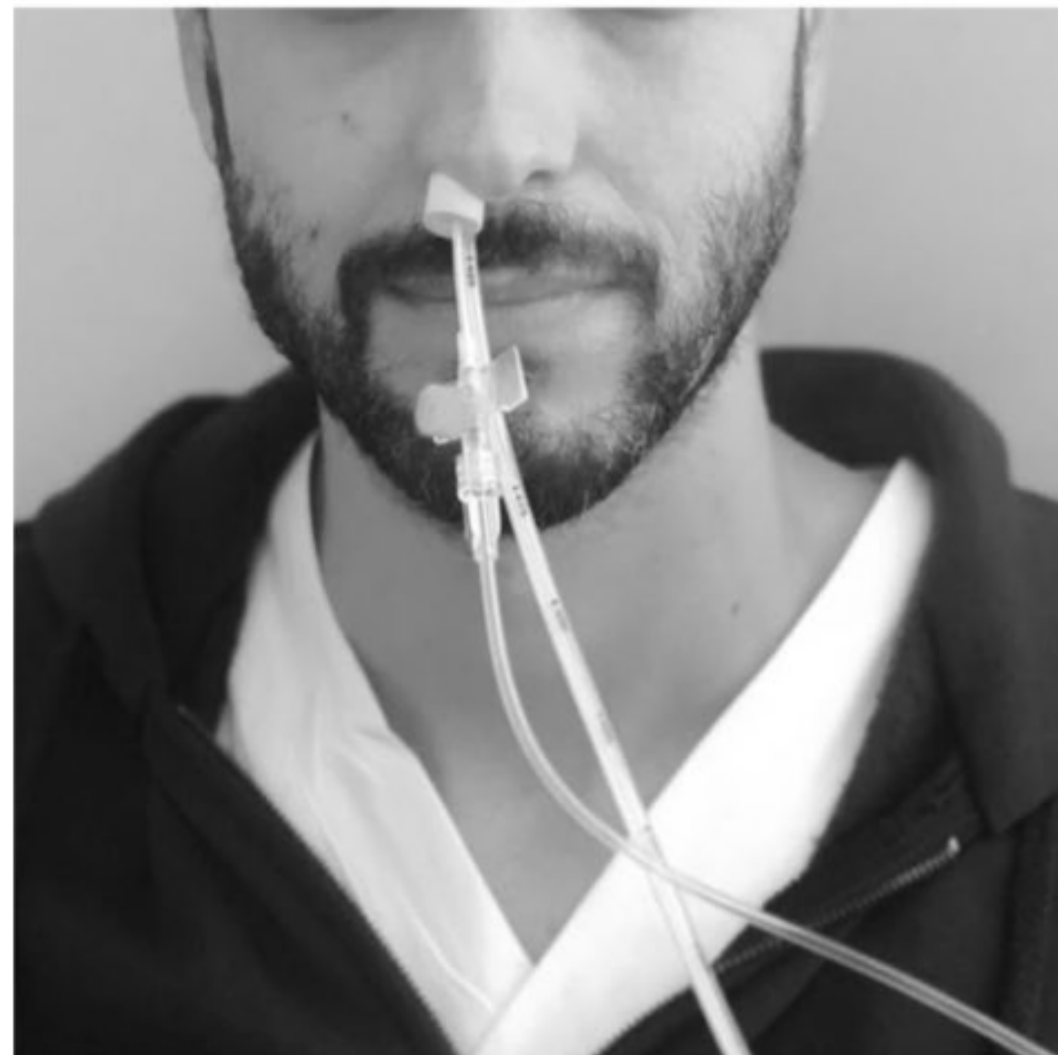


TOO MUCH SPONTANEOUS BREATHING IS **HARMFUL!**

BATTAGLINI D. ET AL., BR J ANAESTH. 2021 SEP;127(3):353-364.

TONELLI R ET AL., CRITICAL CARE 2022

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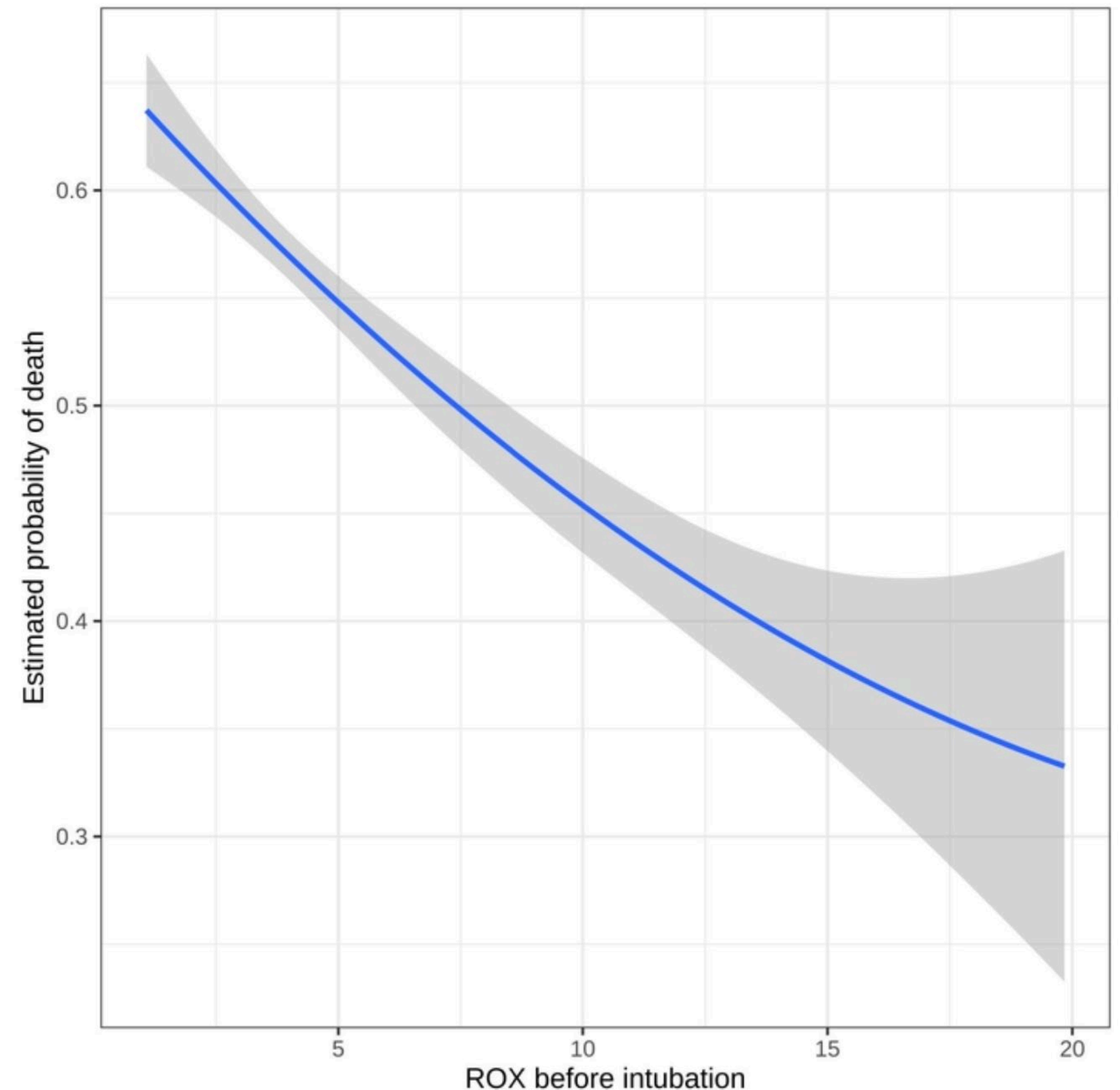
DO WE HAVE SIMPLE CLINICAL TOOLS?

VEST MT ET AL., RESPIR CARE. 2022 MAR 17

$$ROX = \frac{SpO_2/FiO_2}{RR}$$

Analysis Sample of 1087 patients

“Among a cohort of COVID-19 subjects who were ultimately intubated, higher ROX at time of intubation was positively associated with survival.”





KEEP CALM

AND...

IT'S ARDS

YES, BUT....

- ***A VERY HOMOGENEOUS **SUBGROUP** OF ARDS***
- ***WITH INITIALLY HIGHER **COMPLIANCE*****
- ***WITH EARLY DIFFUSE **VASCULAR** INVOLVMENT***

- ***NEED FOR STRICT RESPIRATORY MONITORING!***

COMMENTARY

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Isn't it time to abandon ARDS? The COVID-19 lesson

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³⁵**Br**eaking

²⁷**Co**VID