

strategies used in the support of patients with ARDS include use of the prone position, inhaled nitric oxide, inhaled prostaglandins, high-frequency oscillatory ventilation, and ECMO, although evidence to support these therapies is scant.

Prognosis

The prognosis for patients with ARDS is improving. Nonetheless, the mortality rate remains high, and in children, it ranges from 14% to 45% ([Lopez-Fernandez, Azagra, de la Oliva, et al, 2012](#)). The precipitating disorder influences the outcome; the worst prognosis is associated with profound hypoxemia, uncontrolled sepsis, bone marrow transplantation, cancer, and multisystem involvement with hepatic failure. Children who recover may have persistent cough and exertional dyspnea.

Nursing Care Management

The child with ARDS is cared for in the ICU during the acute stages of illness. Nursing care involves close monitoring of oxygenation and respiratory status, cardiac output, perfusion, fluid and electrolyte balance, and renal function (urinary output). Blood gas analysis, acid-base status, and pulse oximetry are important evaluation tools. Diuretics may be administered to reduce pulmonary fluid, and vasodilators may be administered to decrease pulmonary vascular pressure. Nutritional support is often required because of the prolonged acute phase of the illness. Nursing management also includes monitoring the effects of the numerous parenteral fluids and drugs used to stabilize the child and monitoring for changes in the child's hemodynamic status. Most children with ARDS require invasive monitoring via an arterial and a central venous catheter. The nursing care of the child with ARDS also involves close observance of skin condition, prevention of skin breakdown by pressure area relief, and passive range of motion for prevention of muscle atrophy and contractures. Respiratory distress is a frightening situation for both the child and the parents, and attention to their psychological needs is a major element in the care of these children. The child is often sedated during the acute phase of the illness, and weaning from sedation requires close monitoring for anxiety reduction and comfort.