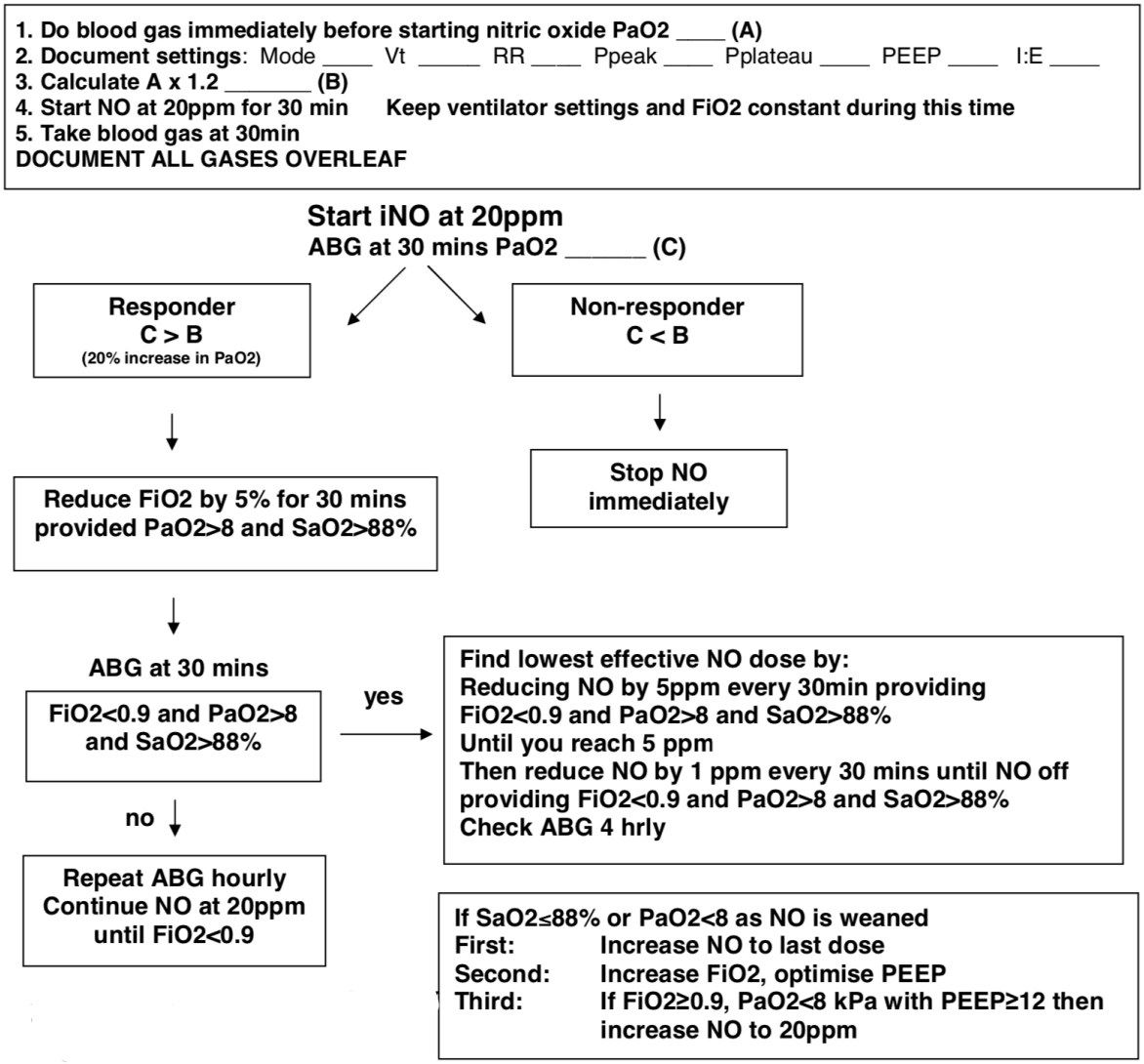
Inhaled Nitric Oxide (iNO) for severe hypoxaemia

- For unselected patients with ARDS iNO is associated with transient improvements in oxygenation but does not carry a mortality benefit and increases renal dysfunction.
- The use of iNO for hypoxaemic patients with ARDS should be severely limited to those in whom other rescue therapies are not possible but are believed to have a recoverable disease process eg severe hypoxaemia while awaiting ECMO retrieval – in consultation with ECMO referral centre with consideration as to whether in-house ECMO is necessary/possible if prolonged retrieval anticipated. The use of iNO should **ALWAYS** be a consultant led decision.
- Patients in this category would typically have a Pa02 of < 8 KPa with FIO2 > 0.9 and PEEP > 10 following consideration of prone ventilation, neuromuscular blocking drugs and ECMO.

Suggested titration of iNO for severe hypoxaemia:



- Rebound pulmonary hypertension can occur on withdrawal of iNO therapy with hypoxaemia or haemodynamic compromise.

- iNO may also be used under specialist advice in cases of right heart failure and pulmonary hypertension and falls out-with this guidance.

- Methaemoglobin levels should be monitored during therapy with iNO at 0 hours, 1 hour, 6 hours then daily, and iNO is contra-indicated in patients with congenital or acquired methaemoglobin reductase deficiency.

- Relative contra-indications to iNO therapy include severe coagulopathy, intracranial haemorrhage and severe left ventricular failure.

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