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Acute Respiratory Distress Syndrome

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Acute Respiratory Distress Syndrome

In healthcare, there are many interesting and intriguing conditions that are vital to understand from both a clinical and a pathophysiological standpoint. Comprehending and knowing how to treat these conditions effectively ultimately leads to the best care and patient outcomes. As a critical care nurse and future advanced practice nurse, it is important to select a research topic of interest to explore that would benefit a high risk group of patients. Based on this precedent, acute respiratory distress syndrome (ARDS) was chosen. As a critical care nurse, respiratory distress syndrome (ARDS) is a unique medical condition that has various clinical signs and symptoms associated with it. Healthcare practitioners in all areas of specialty should be aware of and have a clear knowledge base of the condition and how it manifests and what occurs at the cellular level during the pathophysiology of this severe respiratory syndrome. Healthcare professions such as nurse practitioners, physician assistants, and nurse anesthetists can potentially lead to better patient care and outcomes for the patient and is associated with morbidity and mortality. Without a clear detailed knowledge base of the pathophysiology and the recognition of the symptoms, and potential causes of acute respiratory distress syndrome occurs. The most common cause of acute respiratory distress syndrome is characterized by a ventilation-perfusion mismatch which causes decreased oxygenation and increased intrapulmonary shunt (Hariprashad and Rizzolo, 2013). In addition to the underlying pathophysiology previously mentioned, acute respiratory distress syndrome proceeds to a fibrotic phase seven days after the initial lung injury. Acute respiratory distress syndrome occurs. The most common cause of acute respiratory distress syndrome is characterized by a ventilation-perfusion mismatch which causes decreased oxygenation and increased intrapulmonary shunt (Hariprashad and Rizzolo, 2013). In addition to the underlying pathophysiology previously mentioned, acute respiratory distress syndrome proceeds to a fibrotic phase seven days after the initial lung injury. Acute respiratory distress syndrome occurs. The most common cause of acute respiratory distress syndrome is characterized by a ventilation-perfusion mismatch which causes decreased oxygenation and increased intrapulmonary shunt (Hariprashad and Rizzolo, 2013). In addition to the underlying pathophysiology previously mentioned, acute respiratory distress syndrome proceeds to a fibrotic phase seven days after the initial lung injury.

In the development of acute respiratory distress syndrome, there are numerous direct and indirect causes. Direct causes are due to direct lung injury and include pneumonia, aspiration of gastric contents, inhalation injury, pulmonary edema, fat emboli, carbon monoxide, drowning event, and reperfusion injury. Causes leading to acute respiratory distress syndrome are due to direct lung injury and include pneumonia, aspiration of gastric contents, inhalation injury, pulmonary edema, fat emboli, carbon monoxide, drowning event, and reperfusion injury. Causes leading to acute respiratory distress syndrome are due to direct lung injury and include pneumonia, aspiration of gastric contents, inhalation injury, pulmonary edema, fat emboli, carbon monoxide, drowning event, and reperfusion injury. 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