嚴重肺炎之處置

Management of severe pneumonia

詹明澄

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Pneumonia remains a major illness in modern society and its importance is increasing in our aging society. Pneumonia is also one of the major causes of death and its importance is increasing due to rapid advances of modern medical technology. With more and more patients receiving invasive procedures, aggressive anti-cancer and immune-suppressive therapies, the incidence of pneumonia is estimated to increase in the coming years. Moreover, as these patients are older and sicker, we will face increasing challenges from severe pneumonia. Severe pneumonia is a systemic illness with a variety of clinical presentation with organ dysfunction. First of all, timely administration of broad-spectrum antibiotics with coverage of possible pathogens is the key to successful management of severe pneumonia. Patients with severe pneumonia are often associated with hemodynamic instability and acute respiratory failure needing mechanical ventilation. Early recognition careful fluid management to achieve hemodynamic stabilization is another important issue for these patients. Acute respiratory distress syndrome is common in patients with severe pneumonia. Protective strategy by minimizing pressure and volume to prevent ventilator-associated lung injury is the cornerstone of mechanical ventilation. Ventilator setting by titrating PEEP can improve oxygenation and optimize respiratory system compliance. For patients with severe acute respiratory distress syndrome, adjunctive therapy with prone position ventilation can improve the chance of survival through minimizing ventilator-induced lung injury. Extracorporeal membrane oxygenation has also been used in patients with very severe acute respiratory distress, but recent evidence shows mortality was not lower than those with conventional mechanical ventilation. Taken all these together, the success of management of severe pneumonia depends on both focal infection control and careful supportive care of systemic manifestations.