Extracorporeal CO\textsubscript{2} Removal (ECCO\textsubscript{2}R) provides an alternative or supplement to mechanical ventilation by removing CO\textsubscript{2} directly from the blood, reducing the risk of ventilator-associated lung injury and facilitating lung rest, protection, and ultimate recovery.

**COPD**

Correct hypercapnia to avoid mechanical ventilation.

- pH < 7.25 and PaCO\textsubscript{2} > 55 mmHg (7.3 kPa)
- pH < 7.3, PaCO\textsubscript{2} > 55 mmHg (7.3 kPa) without improvement on NIV
- Increasing respiratory rate
- Clinical signs of respiratory muscle fatigue or increased work of breathing
- Mechanical ventilation deemed undesirable

Consider ECCO\textsubscript{2}R after 2 hours of noninvasive ventilation if:

- **ARDS**

Protect against ventilator-induced lung injury.

**MY PATIENT IS DIFFICULT TO VENTILATE**

- **Attempting ARDSnet Ventilation**
  - V\textsubscript{T} = 6 mL/kg
  - RR < 35/min

**MY PATIENT NEEDS ULTRA-PROTECTIVE VENTILATION**

- **Ultra-Protective Ventilation Desired**
  - but not possible without respiratory acidosis

**Patient Difficult to Ventilate**

- pH < 7.30 or
- Pplat > 30 cmH\textsubscript{2}O or
- Respiratory acidosis causing complications

**Start ECCO\textsubscript{2}R**

**HEMOLUNG RAS**

- to facilitate protective ventilation

**Reduce V\textsubscript{T} and Pplat**

- V\textsubscript{T} < 6 mL/kg
- Pplat < 30 cmH\textsubscript{2}O in accordance with clinical needs

Questions about your patient?

Please contact ALung Clinical Support:

Germany: 0800-181-6344
France: 0800-918846
UK: 0-808-189-1190
International: +1-724-506-5149

www.alung.com