

ARDS Foundation and Kids

ARDS Foundation recognizes that children may deal with ARDS from two different perspectives: As a child with ARDS, or as a child who is dealing with a loved one with ARDS. ARDS Foundation's website addresses this need.

- Information and Support for Children and their Parents
- Children's ARDS Stories
- Kids Kare Kards, created by Children, for Children
- Kids Who Make A Difference, illustrating Children and their fight against ARDS
- Resources focusing on Children with ARDS
- Message Board Thread Focusing on Children
- And More!

ARDS Foundation is constantly adding information, resources, and stories so check back often!

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Children and ARDS

A Pamphlet for Families, Friends and Patients

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ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS)

What is Acute Respiratory Distress Syndrome?

Acute Respiratory Distress Syndrome (ARDS) is an acute process that leads to moderate to severe loss of function in both lungs.

What happens to the lungs in ARDS?

In ARDS, intense inflammation causes the lungs to not work normally and makes them unable to exchange gas properly. This inflammation can cause permanent damage and scarring of the lungs.

Do children get ARDS?

Yes, of the approximately 150,000 people who get ARDS each year, a significant number are children less than the age of 18.

Is ARDS different in children than in adults?

ARDS in children is very similar to that in adult patients, except that children are more likely to survive after developing ARDS than adults.

What causes ARDS?

There are two basic causes of ARDS. One cause is direct injury to the lungs as seen in pneumonia, lung exposure to toxins, or lung "bruising" from trauma. The second cause is severe inflammation in the entire body, which affects the lungs along with many of the other organ systems. Severe sepsis or infection cause ARDS in this manner. There are over 60 different conditions associated with ARDS.

Why do only some people with conditions associated with ARDS develop the syndrome?

Many people who develop sepsis or pneumonia do not develop ARDS. The reason for this lack of development is not known, but it is thought to be related to each individual's immune system and their body's response to injury.

What are the signs and symptoms of ARDS?

Common symptoms of ARDS are respiratory distress, difficulty breathing, shortness of breath, breathing faster than normal, breathing harder than normal, unrelenting cough, and fatigue.

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Are there any diseases that mimic ARDS?

Severe pneumonia, bronchiolitis, viral infection of the lungs, or heart failure can present with symptoms similar to ARDS. Confusingly, these entities also may trigger the development of ARDS in some patients.

What is the usual course of ARDS?

The course of ARDS is unpredictable for any individual patient. There generally are four phases. The first few hours of illness is the acute phase, and in this phase the body is responding to the initial problem leading to overwhelming lung inflammation. This phase usually is followed over the next 2-3 days by the latent phase in which the patient is fairly stable. The third phase is worsening respiratory failure, and patients then become much sicker as the body cannot compensate for worsening inflammation. In patients who survive, the final phase often starts after about 1 week and involves varying degrees of lung scarring and permanent injury.

What is the treatment for ARDS?

There is no specific medication or therapy for ARDS. Treatment of the underlying injury with antibiotics or other therapies is important. The therapies for ARDS are supportive, meaning that your child's doctors will be providing therapies to help sustain the body systems that are failing. The main supportive therapy for patients with ARDS is the ventilator (breathing machine.) Most patients with ARDS will require assistance from the ventilator for a few days up to several weeks.

Is the ventilator uncomfortable for my child?

The ventilator provides air into the lungs through a tube that goes directly into the trachea or windpipe. This may produce an uncomfortable sensation, but whenever patients are treated with the ventilator, they are given medications to keep them comfortable and relaxed.

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What are the complications of ARDS?

Secondary infections are an important complication of ARDS. These infections may involve the lungs, bloodstream, or other organs. Infections caused by bacteria need treatment with antibiotics or they may be fatal in patients with ARDS. Other body systems can also fail as a complication of ARDS. Sometimes the inflammation of ARDS overwhelms the body and causes other organs to be damaged along with the lungs. Damage to the lungs occurs in almost all ARDS patients. Some of the damage relates to the inflammation from ARDS, and some of it is related to the ventilator. The pressure supplied by the ventilator is important in keeping patients with ARDS alive, but sometimes these pressures also cause further lung injury.

Do patients with ARDS survive?

Approximately 40% of patients with ARDS will die. Generally speaking, children with ARDS are more likely to survive, but approximately 25-30% of children who get ARDS will die. Depending on the cause and underlying illness, some patients with ARDS have higher or lower rates of survival.

What are the recovery period and long-term effects of ARDS?

Patients recovering from ARDS usually require weeks to months in the hospital. Most patients continue to feel weak, fatigued, and short of breath for the next several months. Some patients need to go to a medical facility that specializes in chronic care and lung recovery before they are able to go home. Some patients also continue to be treated with oxygen at home while their lungs continue to recover. Most patients, however, will have complete lung recovery after developing ARDS, but this process may take up to one year.

Where can I get more information on ARDS?

PedsCCM: The Pediatric Critical Care Website http://pedscm.org/PALISI_network.php

National Heart, Lung, and Blood Institute ARDS Network Website: <http://www.ardsnet.org/>