**Phase 1: Stabilization**

- **Objectives:**
  - Establish control of PH, ABG, and lactate
  - Treat infection and sepsis
  - Establish capnography
  - Establish P/F > 200

- **Guidance:**
  - Consider early antimicrobial therapy
  - Consider ECMO or CPB for severe respiratory failure

- **Laboratory Objective and Guidelines**
  - Lactate, ABG, ScvO2/SvO2
  - CBC, Chemistry, Magnesium, Phosphate, LFTs

- **Monitoring:**
  - Blood pressure, HR, SpO2, invasive monitoring

- **Support Activities:**
  - IABP
  - Vasopressors

**Phase 2: Lung Recruitment**

- **Objectives:**
  - Increase tidal volume
  - Improve oxygenation

- **Guidance:**
  - Consider low-flow P-V loop

- **Laboratory Objective and Guidelines**
  - Lactate, ABG, ScvO2/SvO2

- **Monitoring:**
  - Blood pressure, HR, SpO2, invasive monitoring
  - Consider frequent bilateral auscultations

- **Support Activities:**
  - IABP
  - Vasopressors

**Phase 3: Protective Ventilation**

- **Objectives:**
  - Minimize ventilator-induced lung injury
  - Optimize patient comfort

- **Guidance:**
  - Consider HFOV for severe ARDS
  - Consider ECMO or CPB for refractory respiratory failure

- **Laboratory Objective and Guidelines**
  - Lactate, ABG, ScvO2/SvO2

- **Monitoring:**
  - Blood pressure, HR, SpO2, invasive monitoring
  - Consider bilateral auscultations

- **Support Activities:**
  - IABP
  - Vasopressors

**Phase 4: Recovery**

- **Objectives:**
  - Transition to ward
  - Minimize inpatient stay

- **Guidance:**
  - Consider weaning protocols

- **Laboratory Objective and Guidelines**
  - Lactate, ABG, ScvO2/SvO2

- **Monitoring:**
  - Blood pressure, HR, SpO2, invasive monitoring
  - Consider bilateral auscultations

- **Support Activities:**
  - IABP
  - Vasopressors