Introduction:
Respiratory management of patients with moderate-severe ARDS remains challenging, regardless of cause. We must individualize management with each patient, and for this it is essential to have adequate respiratory monitoring to support decision-making. Sapsford and Jones described the \textit{SpO2 - FiO2 Diagram}, a useful tool for bedside, which allows estimating the shunt and areas with low V / Q due to the closure of the small airway.

Methods:
Male patient, 37 years old, with severe ARSD due to H1N1 influenza, requiring intubation in the first 24 hours of admission to the ICU. Protective ventilation is started, with a Tidal Volume of 7cc / kg ideal weight, with RR to keep pCO2 in the normal range. A \textit{SpO2 - FiO2 Diagram} is made after connection to MV, after performing lung recruitment maneuvers and after recruitment with Prone Position. For this, FiO2 is increased to 100% and drops of 10% are made every 2 minutes, evaluating the pulse oximetry value.

Results:
Protective ventilation is carried out, maintaining Plateau Pressure <30 cm H2O, Driving Pressure <15 at all times. AutoPEEP <2cmsH2O. After recruitment maneuvers, PEEP is titrated in 13cmsH2O for better static Compliance. Initially, it requires 100% FiO2, which can be reduced to 60% in both RM and Prone Position. The initial PaO2 is 65mmHg, with a subsequent increase to 81 mmHg (post-MR) and 168 mmHg (after 2 hours of Prone position). The increase in PaO2 / FiO2 is as follows: 65 - 135 - 281. Picture 1 shows the \textit{SpO2 - FiO2 Diagram} with the results obtained.

Conclusion:
Respiratory monitoring is key in the management of patients with severe ARDS, the \textit{SpO2 - FiO2 diagram} is easy to perform and at bedside, providing useful information.

References:

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