



# Early consensus management for non-ICU acute respiratory failure SARS-CoV-2 emergency in Italy: from ward to trenches

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**The development, as soon as possible, of a European respiratory specialist network is mandatory to manage the unexpected emergency of SARS-CoV-2; the ERS has a key role to play in urgently providing recommendations, guidelines, support and information** <https://bit.ly/39OaH00>

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The number of people infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is increasing dramatically throughout the world [1], and in Italy [2, 3], particularly in the northern region of Lombardy [4]. Regional Italian medical and political authorities have implemented extraordinary measures to contain the spread of the virus. This disease can cause massive diffuse alveolar damage resulting in acute respiratory failure (ARF), which requires, in a high percentage of cases, mechanical ventilation [5–8]. Based on our general experience so far in dealing with the disease and on the existing knowledge (albeit still limited and evolving) [5–8], Italian respiratory scientific societies herein propose early consensus statement management for non-intensive care unit (ICU) ARF SARS-CoV-2 emergencies. The consensus statement represents the expert opinion of pulmonologists directly involved in the first line of assistance, and has identified two urgent areas of action: management and organisation.