

Minneapolis Heart Institute

ECMO Protocol

Assessment and Indications

- □ For VA ECMO (cardiac), refractory cardiogenic shock or post-ROSC cardiac arrest (for refractory cardiac arrest see ECPR Protocol)
- □ For VV ECMO (respiratory), refractory hypoxic or hypercapnic respiratory failure (ARDS)

Initial Management

- □ For VA ECMO (cardiac), Contact Abbott Northwestern at 612-863-3911 to page advanced heart failure for an ECMO consult
- □ For VV ECMO (respiratory), Contact Abbott Northwestern at 612-863-1000 to page intensivist for an ECMO consult
- □ Relay the patient's level of hemodynamic support, ventilator settings, and neuro exam to the accepting physician
- □ Relay lab work, including ABG, BMP, CBC and lactate (drawn within 2 hours of transport) to the accepting physician
- Activate emergency transport team (must include critical care trained personnel, either paramedic or RN, and perfusionist)
- □ Prepare and provide transport team with an adequate amount of vasoactive drips, sedation/paralytic drips, and 2 U PRBC if possible
- □ If patient is already on ECMO, and being transported with perfusion from your facility, ensure perfusion has addressed any ECMO circuit incompatibilities with receiving center prior to transport
- □ If patient is already on ECMO, see Pre-Transport Checklist below

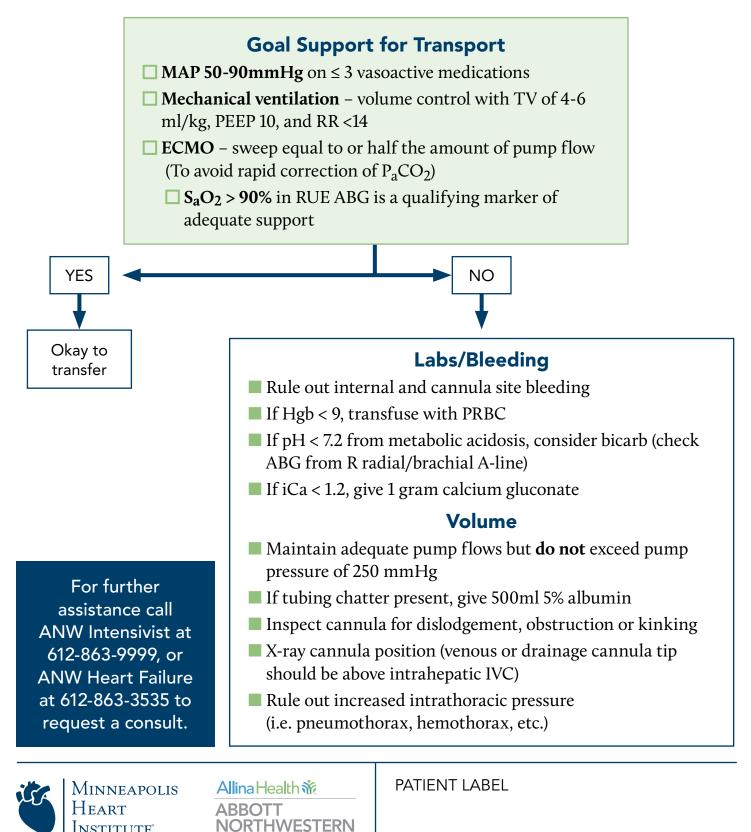
This information is intended only as a guideline. Please use your best judgment in the treatment of patients.

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Pre-Transport Checklist – Patient on ECMO

- □ Patient is sedated (fentanyl/versed, **NO Propofol**) and paralyzed
- 2 U PRBC available for transport
- Cannulas sutured to skin in 2-3 places AND secured with stat lock



HOSPITAL