

# Legacy Emanuel Medical Center

## Adult ECMO transfer criteria

It is a misconception to consider ECMO as a salvage therapy. Class I data indicate ECMO for adult patients with moderate to severe ARDS as a standard of care.

ECMO is more effective if utilized early before ventilator induced lung injury and the consequences of hypoxemia occur. This process begins within hours and compromises outcome within 3-5 days of high  $FiO_2$ , tidal volumes and airway pressures.

Please consider a referral to the Legacy Emanuel ECMO center when a patient demonstrates:

### Severe hypoxemia

- ❖ ECMO will be considered for patients with potentially reversible respiratory failure, despite a period of optimal care, if:
  - $PaO_2/FiO_2 < 150$  on  $FiO_2 > 80\%$
  - Murray Lung Score 2 - 3
- ❖ ECMO will be initiated acutely if:
  - $PaO_2/FiO_2 < 100$  on  $FiO_2 100\%$
  - Murray Lung Score 3 - 4

### Uncompensated hypercapnia:

- ❖ pH less than 7.20
- ❖ High peak (> 30) and plateau airway pressures

Most patients will have the classic indications of pneumonia, aspiration, noxious inhalation, cold water drowning and secondary, inflammatory ARDS. We will also consider, on a case by case basis, patients with severe shock, myocardial stun, asthma and COPD exacerbations and “bridge to transplant.”

Please call us **early** ..... and **anytime**, for consultation or referral:

**Legacy One Call & Transfer 1-800-500-9111**

Ask for the ECMO referral physician for an adult patient.

