

Legacy Emanuel Medical Center

ECMO & Critical Care Transport Team

Referrals to One Call 800-500-9111

Legacy Emanuel ECMO Center Transport Team

Portland,OR

ECMO initiation and transport requires excellent communication and coordination between hospitals and all members of the healthcare team. This checklist prioritizes tasks and activities that, ideally, occur before the ECMO team arrives. Your preparation of the patient can greatly influence the expeditious initiation of ECMO. With coordination of the team, optimizing lab values and insertion of invasive lines and tubes, the risks of bleeding can be greatly minimized.

The ECMO transport team consists of any of the following and may be amended depending on the needs of the patient and mode of transportation:

* ECMO Physician Specialists
* ECMO PA-C
* Perfusionist
* Respiratory Therapist
* Critical Care Resuscitation Nurse

We will arrive with supplies and equipment, including but not limited to:

* Ventilator
* Surgical trays
* Lab analyzer
* ECMO machine

After assessing the patient and collaborating with the bedside team, the ECMO team will proceed to insert any necessary lines and/or cannulate the patient for ECMO and place the patient on the transport ventilator. These cannulas are typically placed at the bedside, but the operating room may be utilized in special circumstances.

Thank you for entrusting your critically ill patient into our care. After the transport, someone from the ECMO team will continue the communication loop with the primary contact person(s) from your facility. We provide patient updates between 48 hours and 2 weeks after the transfer. You can request information at any time at 503-413-2284 or togston@lhs.org.

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***What is ECMO?***

*ECMO provides mechanical pulmonary (venovenous) or cardiopulmonary (venoarterial) support for patients with respiratory or cardiac failure that is refractory to traditional therapy. During ECMO, a mechanical pump circulates blood out of the patient via a large vein (usually femoral) and sends it through an oxygenator where oxygen and carbon dioxide are exchanged. The oxygenated blood is then returned into the patient’s native circulation, typically via the jugular vein. Full systemic anticoagulation is required to prevent clot formation within the ECMO circuit. Therefore, bleeding is a primary complication of ECMO and efforts to limit potential sources of hemorrhage prior to ECMO take top priority.*



**ECMO TRANSPORT CHECKLIST**

**Items to complete PRIOR to ECMO team arrival, if possible**

***Communications***

**\_\_\_\_\_**Blood bank to have anticipated products available per ECMO physician

\_\_\_\_\_Hospital Liaison to meet and escort team to patient ICU location

\_\_\_\_\_Pharmacist may want to be present for drug and drip assistance

\_\_\_\_\_X-Ray and EKG techs available for post cannulation films

***Tasks/supplies***

\_\_\_\_\_Organize medical records (to include previous 24 hours of labs, vital signs, 12-lead ECG, medications, H&P, most recent CXR & surgical reports)

\_\_\_\_\_Clear room of non-essential equipment/supplies

\_\_\_\_\_Arrange for additional, current patient drips to be available for duration of transport

\_\_\_\_\_Obtain sterile procedure personal protective equipment (masks, hats, gloves, eye protection)

\_\_\_\_\_Obtain 2 bedside tables or small OR back table

\_\_\_\_\_Bedside ultrasound (Sonosite)

\_\_\_\_\_Prepare family and arrange for patient belongings to be sent with them

**What to expect after the ECMO team arrives**

\_\_\_\_\_Referring hospital ICU RN and RT to remain at bedside during procedure

\_\_\_\_\_Place patient on transport ventilator

\_\_\_\_\_Placement of additional lines, if not already done (e.g. arterial line, central line)

\_\_\_\_\_ECMO cannulation (size range 13-31 Fr), typically in right jugular and right femoral vessels

\_\_\_\_\_Preparation for emergency management of cardiac arrest, life threatening bleeding, catheter occlusion, and/or equipment malfunction (code cart nearby)

\_\_\_\_\_Post cannulation CXR

\_\_\_\_\_EKG monitor exchange

\_\_\_\_\_Exchange IV pumps and tubing

\_\_\_\_\_Transport to gurney and to transport ambulance/helicopter

\*\*Please contact ECMO team member for any questions. We understand this a critical time, and do not expect that this suggestive checklist be complete upon team arrival.\*\*



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| **Report** |
| **Patient Name / Gender / Age** | **Height/Weight** | **Hospital Contact - Name/Number** |
| **Hospital Day / Ventilator Day** | **Prior Code Y / N** | **Allergies** |
| **Medical History** | **Vitals (print last 24 vitals)** |
| **Labs – Please send printed copy of recent labs** |
| **Hct** (goal>25) | **INR** (goal <2.0) | **ABG** (time) |
| **Platelets** (goal >100) | **BUN** | **Cultures** |
| **Fibrinogen** (goal >100) | **Creatinine** | **Electrolytes** |
| **Systems Review** |
| **Neuro** (time of assessment) **Pupils L\_\_\_\_\_\_R\_\_\_\_\_\_** | **Drips** |
| **Cardiovascular** | **Lines** |
| **Respiratory** | **Blood products** |
| **Vent settings** ModeTidal Volume FiO2Rate PEEP  | **Skin** |
| **GI/GU**Tubes (NG/OG/Foley) | **Family** |

 *Required for ELSO registry: Worst vitals and ABG in 6 hours prior to ECMO.*