

ECLS ECPR Addendum Form

Extracorporeal Life Support Organization (ELSO)

Center ID: _____ Center name: _____

Unique ID: _____ ECPR Number: _____

Note: Unique and Center IDs must match exactly with the corresponding ECLS Registry Form

ECPR Preliminary Information

ECPR system: _____
(Dry Roller Pump, Pre-Primed Roller Pump, Dry Centrifugal Pump, Pre-Primed Centrifugal Pump, Other)

Arrest location: _____
(OR, PICU, NICU, ER, CICU, Patient Floor, Hospital Transport, EMT Transport, Outside Hospital, Other)

Witnessed Arrest?

Patient Required Cardioversion or Defibrillation?

Cannulation Location: _____ (OR, ICU, ER, Cath Lab, Other)

Code and Chest Compression Start and Stop Times
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Code Start and Stop Date/Times:

Start Date/Time: _____ Stop Date/Time: _____

Start Date/Time: _____ Stop Date/Time: _____

Start Date/Time: _____ Stop Date/Time: _____

Chest Compressions Start and Stop Date/Times and if the Compressions are Open, Closed Sternum or Both, Internal, External or Both:

Start: _____ Stop: _____ Open/Closed: _____ Int/Ext: _____

Start: _____ Stop: _____ Open/Closed: _____ Int/Ext: _____

Start: _____ Stop: _____ Open/Closed: _____ Int/Ext: _____

Spontaneous Circulation, BP and PH

Return of spontaneous circulation prior to ECMO?

If Yes, Time to return of spontaneous circulation: _____ (minutes)

BP during resuscitation

Worst: _____ Best: _____ Unknown
 Systolic Diastolic Mean Systolic Diastolic Mean

Ph during resuscitation

Worst: _____ Best: _____ Unknown

Prime, HCT, Temperature and Medications

Prime: _____

(PRBC, PRBC with additives, Whole Blood, Saline/Lactate Ringers, Plasmalyte, Normosol, Other)

Primary method of PRBC replacement/volume removal: **(select only one method)**

- Exchange transfusion
- PRBC transfusion with natural diuresis + medication
- PRBC transfusion with hemofiltration
- N/A

HCT prior to ECLS: _____ Date/Time: _____

1st HCT on ECLS: _____ Time from cannulation to HCT > 32: _____ (minutes)

1st temp after ECLS: _____ (Celsius)

Intentionally Cooled _____ (Head in ice, Heat Exchanger, Other, Not Cooled)

Hours <= 32°C: _____ Hours >32° <= 34°C: _____ Hours >34° <= 35°C: _____

Hours >35° <= 36°C: _____ Hours > 36°C: _____

Highest temp in 1st 72 hours: _____ (Celsius)

Heparin Bolus: _____ (U/Kg)

Resuscitation Medications (Use ECPR Drug Codes)

_____ (Use Drug Codes)

(Codes: 101 = Epi; 102 = Norepi; 103 = Vasopressin; 104 = Atropine; 105 = Amiodarone; 106 = Lidocaine; 999 = Other;
Be sure to check the ELSO Home Page for Additional Codes)