

ECLS Registry Cardiac Addendum Form
Extracorporeal Life Support Organization (ELSO)

Please refer to the ELSO Registry Cardiac Addendum Data Definitions Document for Details

Unique ID: _____

Run Number: _____

(Unique ID is self-generated by the Registry. This is for your reference only to match forms.)

Cardiac Symptoms Pre-ECLS

NYHA (>18yrs) or Ross Category (<18yrs) at hospital admission: ☐ Grade _____

SCAI Category within 24 hours pre ECLS: ☐ Stage _____

SCAI Category immediately pre ECLS cannulation: ☐ Stage _____

Vasoactive Inotrope Score closest to but not more than 4hrs prior to ECLS: ☐ VIS _____

Cardiac Indication

Circumstances of ECMO Cannulation

☐ Planned Cannulation ☐ Failure to Wean from CPB ☐ Other ☐ Unknown

☐ Emergent or ECPR (complete ECPR addendum)

☐ Progression of Illness Despite Established VAD/ Temporary Mechanical Circulatory Support / IABP
Select type of device:

☐ Temporary ventricular assist devices:

- ☐ Right sided Impella
- ☐ Transaortic Impella
- ☐ Tandem Heart

☐ Durable ventricular assist devices:

- ☐ Berlin Heart
- ☐ HeartMate II
- ☐ HeartMate III
- ☐ HeartWare

Date of implantation: _____ ☐ Estimated ☐ Unknown

Precipitating Event (Select primary indication for ECLS):

- ☐ Low Cardiac Output: ☐ Left Ventricular Failure ☐ Right or Biventricular Failure
- ☐ Low Cardiac Output Unknown (see definition) ☐ Combined Cardiac and Respiratory Failure
- ☐ Cardiac Arrest ECPR ☐ Unknown

Contributing Diagnoses to Precipitating Event (Occurring Within 4 Hours of Event)

- ☐ Acute Pulmonary Edema ☐ Pulmonary Hypertension ☐ Pulmonary Embolism ☐ Arrhythmias
- ☐ Hypoxemia ☐ Tamponade ☐ Low Cardiac Output – Left, Right or Biventricular Failure
- ☐ Endocarditis ☐ Myocarditis ☐ Other ☐ Unknown
- ☐ Acute Myocardial Infarction (or Acute Coronary Syndrome)

Date/Time of Chest Pain to admission: _____ ☐ Date/Time Unknown

Symptoms of

- ☐ Post Heart Transplant Graft Failure (if checked, select one below)
 - ☐ Early graft failure ☐ Late Graft Failure ☐ Other ☐ Unknown
- ☐ Ischemic Cardiomyopathy
- ☐ Non-Ischemic or Chronic Cardiomyopathy (if checked, select type below that best represents)
 - ☐ Dilated cardiomyopathy ☐ Hypertrophic Cardiomyopathy ☐ Restrictive Cardiomyopathy
 - ☐ Stress Induced Cardiomyopathy (Takotsubo) ☐ Post-Partum Cardiomyopathy
- ☐ Other ☐ Unknown

Cannulation Details

Cannulation Location

- ☐ Ambulatory / Outpatient
- ☐ Emergency Department (ED)
- ☐ General inpatient Ward
- ☐ High Dependency Unit (HDU)/ Step Down Unit/ Intermediate Care Unit
- ☐ Intensive Care Setting (Check one below):
 - ☐ Adult Medicine ICU
 - ☐ Adult Surgical ICU
 - ☐ Mixed ICU
 - ☐ Adult Cardiac or Cardiothoracic Unit (CICU/CVICU/CTICU)
 - ☐ Adult Coronary Care Unit (CCU)
 - ☐ Pediatric Intensive Care Unit (PICU)
 - ☐ Pediatric Cardiac Intensive Care Unit (CICU)
 - ☐ Neonatal Intensive Care Unit (NICU)
- ☐ Cardiac Catheterization Lab
- ☐ Diagnostic or Intervention Suite (other than Cardiac Cath Lab)
- ☐ Operating Room
- ☐ Post-Anesthesia Recovery Unit (PACU)
- ☐ Delivery Room
- ☐ Other Inpatient Setting

Decompression Procedures (select all that apply) and add date of procedure, if known:

- | | | |
|--|------------------|---------------------------------------|
| <input type="checkbox"/> Atrial Septostomy | Date/Time: _____ | <input type="checkbox"/> Date Unknown |
| <input type="checkbox"/> LA Vent | Date/Time: _____ | <input type="checkbox"/> Date Unknown |
| <input type="checkbox"/> LV Vent | Date/Time: _____ | <input type="checkbox"/> Date Unknown |
| <input type="checkbox"/> PA Vent | Date/Time: _____ | <input type="checkbox"/> Date Unknown |
| <input type="checkbox"/> L-VAD | Date/Time: _____ | <input type="checkbox"/> Date Unknown |
| <input type="checkbox"/> R-VAD | Date/Time: _____ | <input type="checkbox"/> Date Unknown |
| <input type="checkbox"/> Intra-Aortic Balloon Pump | Date/Time: _____ | <input type="checkbox"/> Date Unknown |
| <input type="checkbox"/> Impella | Date/Time: _____ | <input type="checkbox"/> Date Unknown |
| <input type="checkbox"/> Other | | |

Rationale for LV Decompression on ECLS (select all that apply):

- ☐ Institutional Routine
- ☐ Progressive Pulmonary Edema on CXR
- ☐ Left Atrial Hypertension
- ☐ Lack of Native Ejection
- ☐ Aortic Valve Regurgitation
- ☐ Decreased Pulse Pressure on Arterial Waveform
- ☐ Evidence of Ischemia
- ☐ Other

Cardiac Surgical Procedures

Cardiac Procedures

Please enter every cardiac procedure performed during the hospital admission, including pre, during and post ECLS and during this hospital admission. Multiple procedures may be entered.
Refer to the Cardiac Addendum Data Definitions for details about entries.

	Procedure #__	Procedure #__	Procedure #__	Procedure #__	Procedure #__
ELSO Cardiac Procedure Code					
Enter Date/Time Estimated or Unknown					
Procedure Location?	<input type="checkbox"/> bedside <input type="checkbox"/> OR <input type="checkbox"/> cardiac cath <input type="checkbox"/> other	<input type="checkbox"/> bedside <input type="checkbox"/> OR <input type="checkbox"/> cardiac cath <input type="checkbox"/> other	<input type="checkbox"/> bedside <input type="checkbox"/> OR <input type="checkbox"/> cardiac cath <input type="checkbox"/> other	<input type="checkbox"/> bedside <input type="checkbox"/> OR <input type="checkbox"/> cardiac cath <input type="checkbox"/> other	<input type="checkbox"/> bedside <input type="checkbox"/> OR <input type="checkbox"/> cardiac cath <input type="checkbox"/> other
Procedure on CPB? If yes, then enter following:					
-CPB Total # Runs for Procedure					
-CBP Total Time for Procedure (mins)					
-Cross Clamp Time Total (mins)					
-Returned to ICU with Open Sternum?					

Duplicate this page as required for multiple procedures

Cardiac Catheterization Procedures

Please enter every cardiac catheterization procedure performed during the Hospital admission.
Include those performed pre ECLS. Multiple procedures may be entered.
Refer to the Cardiac Addendum Data Definitions for details about entries.

	Cath #__	Cath #__	Cath #__
Enter Date/Time Estimated or Unknown			
Diagnostic, Interventional or both?			
If Diagnostic	<input type="checkbox"/> Left Heart Cath <input type="checkbox"/> Right Heart Cath <input type="checkbox"/> Coronary artery dilation or stent	<input type="checkbox"/> Left Heart Cath <input type="checkbox"/> Right Heart Cath <input type="checkbox"/> Coronary artery dilation or stent	<input type="checkbox"/> Left Heart Cath <input type="checkbox"/> Right Heart Cath <input type="checkbox"/> Coronary artery dilation or stent
If Coronary Artery, Specify Artery(s) Select All that apply:	<input type="checkbox"/> LMCA <input type="checkbox"/> LAD <input type="checkbox"/> RCA <input type="checkbox"/> Circumflex Artery <input type="checkbox"/> Diagonal Arteries <input type="checkbox"/> Posterior Descending Artery	<input type="checkbox"/> LMCA <input type="checkbox"/> LAD <input type="checkbox"/> RCA <input type="checkbox"/> Circumflex Artery <input type="checkbox"/> Diagonal Arteries <input type="checkbox"/> Posterior Descending Artery	<input type="checkbox"/> LMCA <input type="checkbox"/> LAD <input type="checkbox"/> RCA <input type="checkbox"/> Circumflex Artery <input type="checkbox"/> Diagonal Arteries <input type="checkbox"/> Posterior Descending Artery
Interventional Procedure Performed	<input type="checkbox"/> Aortic Arch Balloon <input type="checkbox"/> Aortic Arch Stent <input type="checkbox"/> Aortic Valvuloplasty <input type="checkbox"/> ASD Device Closure <input type="checkbox"/> Atrial Septostomy/ Septoplasty/ Stent <input type="checkbox"/> Creation of a Fontan fenestration <input type="checkbox"/> Creation of Potts Shunt <input type="checkbox"/> Endomyocardial Biopsy <input type="checkbox"/> EP Arrhythmia Ablation <input type="checkbox"/> Mitral Clip <input type="checkbox"/> Occlusion of Aortopulmonary Collateral <input type="checkbox"/> Occlusion of Venous Collateral <input type="checkbox"/> Other <input type="checkbox"/> PDA Device Closure <input type="checkbox"/> Percutaneous Aortic Valve (TAVI) <input type="checkbox"/> Percutaneous Mitral Valve Clip <input type="checkbox"/> Percutaneous Mitral Valve Implantation <input type="checkbox"/> Percutaneous Pulmonary valve <input type="checkbox"/> Placement for a right sided Impella device <input type="checkbox"/> Placement for a transaortic Impella device <input type="checkbox"/> Placement of a Tandem Heart <input type="checkbox"/> Placement of EKOS catheter or other direct thrombolytic catheters for Thrombus in Pulmonary Artery <input type="checkbox"/> Placement of IVC or SVC Stent <input type="checkbox"/> Placement of LA Cannula <input type="checkbox"/> Placement of MBTS Stent <input type="checkbox"/> Placement of PDA Stent <input type="checkbox"/> Placement of RV-PA Stent (Including Sano) <input type="checkbox"/> Placement of Venous Stent (vertical vein, azygous, hemi-azygous) <input type="checkbox"/> Pulmonary Artery Balloon <input type="checkbox"/> Pulmonary Artery Stent <input type="checkbox"/> Pulmonary Valvuloplasty <input type="checkbox"/> Removal / aspiration of Thrombus in Pulmonary Artery <input type="checkbox"/> Removal/ Aspiration of Thrombus in Systemic Vein (Including Glenn and Fontan) <input type="checkbox"/> SVC Balloon Dilation <input type="checkbox"/> Transcatheter Mitral Valve Implantation <input type="checkbox"/> Transcatheter Pulmonic Valve Implantation <input type="checkbox"/> Transcatheter Tricuspid Valve Implantation <input type="checkbox"/> Transmyocardial Revascularization (TMR) <input type="checkbox"/> VSD Device Closure	<input type="checkbox"/> Aortic Arch Balloon <input type="checkbox"/> Aortic Arch Stent <input type="checkbox"/> Aortic Valvuloplasty <input type="checkbox"/> ASD Device Closure <input type="checkbox"/> Atrial Septostomy/ Septoplasty/ Stent <input type="checkbox"/> Creation of a Fontan fenestration <input type="checkbox"/> Creation of Potts Shunt <input type="checkbox"/> Endomyocardial Biopsy <input type="checkbox"/> EP Arrhythmia Ablation <input type="checkbox"/> Mitral Clip <input type="checkbox"/> Occlusion of Aortopulmonary Collateral <input type="checkbox"/> Occlusion of Venous Collateral <input type="checkbox"/> Other <input type="checkbox"/> PDA Device Closure <input type="checkbox"/> Percutaneous Aortic Valve (TAVI) <input type="checkbox"/> Percutaneous Mitral Valve Clip <input type="checkbox"/> Percutaneous Mitral Valve Implantation <input type="checkbox"/> Percutaneous Pulmonary valve <input type="checkbox"/> Placement for a right sided Impella device <input type="checkbox"/> Placement for a transaortic Impella device <input type="checkbox"/> Placement of a Tandem Heart <input type="checkbox"/> Placement of EKOS catheter or other direct thrombolytic catheters for Thrombus in Pulmonary Artery <input type="checkbox"/> Placement of IVC or SVC Stent <input type="checkbox"/> Placement of LA Cannula <input type="checkbox"/> Placement of MBTS Stent <input type="checkbox"/> Placement of PDA Stent <input type="checkbox"/> Placement of RV-PA Stent (Including Sano) <input type="checkbox"/> Placement of Venous Stent (vertical vein, azygous, hemi-azygous) <input type="checkbox"/> Pulmonary Artery Balloon <input type="checkbox"/> Pulmonary Artery Stent <input type="checkbox"/> Pulmonary Valvuloplasty <input type="checkbox"/> Removal / aspiration of Thrombus in Pulmonary Artery <input type="checkbox"/> Removal/ Aspiration of Thrombus in Systemic Vein (Including Glenn and Fontan) <input type="checkbox"/> SVC Balloon Dilation <input type="checkbox"/> Transcatheter Mitral Valve Implantation <input type="checkbox"/> Transcatheter Pulmonic Valve Implantation <input type="checkbox"/> Transcatheter Tricuspid Valve Implantation <input type="checkbox"/> Transmyocardial Revascularization (TMR) <input type="checkbox"/> VSD Device Closure	<input type="checkbox"/> Aortic Arch Balloon <input type="checkbox"/> Aortic Arch Stent <input type="checkbox"/> Aortic Valvuloplasty <input type="checkbox"/> ASD Device Closure <input type="checkbox"/> Atrial Septostomy/ Septoplasty/ Stent <input type="checkbox"/> Creation of a Fontan fenestration <input type="checkbox"/> Creation of Potts Shunt <input type="checkbox"/> Endomyocardial Biopsy <input type="checkbox"/> EP Arrhythmia Ablation <input type="checkbox"/> Mitral Clip <input type="checkbox"/> Occlusion of Aortopulmonary Collateral <input type="checkbox"/> Occlusion of Venous Collateral <input type="checkbox"/> Other <input type="checkbox"/> PDA Device Closure <input type="checkbox"/> Percutaneous Aortic Valve (TAVI) <input type="checkbox"/> Percutaneous Mitral Valve Clip <input type="checkbox"/> Percutaneous Mitral Valve Implantation <input type="checkbox"/> Percutaneous Pulmonary valve <input type="checkbox"/> Placement for a right sided Impella device <input type="checkbox"/> Placement for a transaortic Impella device <input type="checkbox"/> Placement of a Tandem Heart <input type="checkbox"/> Placement of EKOS catheter or other direct thrombolytic catheters for Thrombus in Pulmonary Artery <input type="checkbox"/> Placement of IVC or SVC Stent <input type="checkbox"/> Placement of LA Cannula <input type="checkbox"/> Placement of MBTS Stent <input type="checkbox"/> Placement of PDA Stent <input type="checkbox"/> Placement of RV-PA Stent (Including Sano) <input type="checkbox"/> Placement of Venous Stent (vertical vein, azygous, hemi-azygous) <input type="checkbox"/> Pulmonary Artery Balloon <input type="checkbox"/> Pulmonary Artery Stent <input type="checkbox"/> Pulmonary Valvuloplasty <input type="checkbox"/> Removal / aspiration of Thrombus in Pulmonary Artery <input type="checkbox"/> Removal/ Aspiration of Thrombus in Systemic Vein (Including Glenn and Fontan) <input type="checkbox"/> SVC Balloon Dilation <input type="checkbox"/> Transcatheter Mitral Valve Implantation <input type="checkbox"/> Transcatheter Pulmonic Valve Implantation <input type="checkbox"/> Transcatheter Tricuspid Valve Implantation <input type="checkbox"/> Transmyocardial Revascularization (TMR) <input type="checkbox"/> VSD Device Closure

Duplicate this page as required for multiple procedures