

ECLS Severity Score Addendum Form

Extracorporeal Life Support Organization (ELSO)

Unique ID: _____

Run Number: _____

- These are the values in the 24-hour time period after ICU admission AND prior to ECLS. The values are chosen as either the highest, lowest, worst or first to occur within that 24-hour period.
- Units are automatically selected based on your settings preference.
- Please see ELSO Registry Data Definitions for more specific details.

Severity Scores (table is in tab order of online form left to right)

Heart Rate (Highest)		Resp. Rate (Highest)		Systolic BP (Lowest)		
Diastolic BP (Lowest)		Mean BP (Lowest)		Was there a Temp <33 or >40C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
GCS (Lowest)		Hemoglobin (Lowest)		Hematocrit (Lowest)		
WBC (1 st value occur)		Platelets (Lowest)		pH (Lowest)		
PaCO2 (Highest)		PaO2 (Lowest)		FiO2 (Lowest)		
Sodium (1 st value occur)		Potassium (Highest)		HCO3 (Lowest)		
Total Calcium (1 st value occur)		Ionized Calcium (1 st value occur)		Lactate (Highest)		
Creatinine (Highest)		Bilirubin (Highest) mg/dL		AST (Highest)		
INR (Highest)		Fibrinogen (1 st value occur)		Total Urine Output mL/24hrs		
Pupil Response (Worst)	<input type="checkbox"/> Reactive <input type="checkbox"/> Fixed and Dilated <input type="checkbox"/> Unequal or Dilated <input type="checkbox"/> Other	Admission Type (from where did the pt arrive)	<input type="checkbox"/> Floor <input type="checkbox"/> OR <input type="checkbox"/> Other Hospital <input type="checkbox"/> Other	Chronic Conditions (Check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> AIDS <input type="checkbox"/> Hepatic Failure <input type="checkbox"/> Lymphoma <input type="checkbox"/> Metastatic Cancer <input type="checkbox"/> Leukemia <input type="checkbox"/> *Immuno-suppression <input type="checkbox"/> Cirrhosis	
Dopamine (Highest)	<input type="checkbox"/> none <input type="checkbox"/> <5 mcg/kg/min <input type="checkbox"/> 5-15 mcg/kg/min <input type="checkbox"/> >15 mcg/kg/min	Mechanical Ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dobutamine	<input type="checkbox"/> Yes <input type="checkbox"/> No	*immunosuppression not including steroid burst or dose				
Norepinephrine or Epinephrine (Highest)	<input type="checkbox"/> none <input type="checkbox"/> <0.1 mcg/kg/min <input type="checkbox"/> >0.1 mcg/kg/min					