

Extracorporeal Life Support Organization (ELSO)

ELSO Registry Data Definitions 04/13/2022

For all comments, questions and concerns please email registrysupport@elso.org

Table of Contents

<u>PREFACE</u>	4
DESCRIPTIONS OF FIELDS	4
MANDATORY FIELDS AND MAJOR COMPLICATIONS	5
WHEN IS IT EXTRACORPOREAL LIFE SUPPORT?	6
1. ADD PATEINT	7
PATIENT INFORMATION	7
FIRST RUN INFORMATION	10
NEONATAL INFORMATION	14
CDH Information	15
2. RUN INFORMATION	17
Run Number	17
SUPPORT TYPE	17
ADMISSION WEIGHT	17
Admission Height	18
Intubation	19
SARS-CoV-2	21
3. PRE-ECLS ASSESSMENT	22
PRE-ECLS ARTERIAL BLOOD GAS	22
PRE-ECLS VENTILATOR SETTINGS	27
PRE-ECLS HEMODYNAMICS	33
4. PRE-ECLS SUPPORT	41
HOSPITAL ADMIT DATE/TIME	41
PATIENT TRANSPORTED TO YOUR CENTER	42
PRE-ECLS CARDIAC ARREST	43
BRIDGE TO TRANSPLANT	44
MECHANICAL SUPPORT CODES	45
RENAL, PULMONARY AND OTHER SUPPORT CODES	47
MEDICATIONS (EXCLUDING VASOACTIVES)	50
VASOACTIVE INFUSIONS	52
PRE-ECLS SUPPORT TYPES NO LONGER COLLECTED	54
5. ECLS ASSESSMENT	55
24 HOUR ECLS ARTERIAL BLOOD GAS	55
24 HOUR ECLS VENTILATOR SETTINGS	59
24 HOUR ECLS HEMODYNAMICS	64
BLOOD PUMP FLOW RATES	73
ECLS CARE	74
6. MODES & CANNULATIONS	79
INITIAL MODE INFORMATION	79
MODE AND CANNULATIONS	81
MODE CONVERSION	87

7. EQUIPMENT	90
MEMBRANE LUNG	90
BLOOD PUMP	92
HEAT EXCHANGER	94
TEMPERATURE REGULATION	95
HEMOFILTER	95
8. DIAGNOSES	96
9. CPT PROCEDURE CODES	97
10. ECLS COMPLICATIONS	98
MECHANICAL COMPLICATIONS	100
PATIENT HEMORRHAGE COMPLICATIONS	102
PATIENT NEUROLOGIC COMPLICATIONS	104
PATIENT RENAL COMPLICATIONS	106
PATIENT CARDIOVASCULAR COMPLICATIONS	107
PATIENT PULMONARY COMPLICATIONS	108
PATIENT METABOLIC COMPICATIONS	109
PATIENT LIMB COMPLICATIONS	110
11. INFECTIONS	111
12. OUTCOMES	113
APPENDIX A _ INFECTIOUS ORGANISMS	116

Preface

This document is intended to assist data entry and identify definitions for each field. This document is organized into the sections and subsections that exist on the database registry. We also attempt to identify if fields will be incorporated in mandatory fields or major complication fields by highlighting those data elements.

Descriptions of fields in this document

Field Name is the name of the variable as it appears in the online application at www.ELSO.org.

Definition/ Explanation/ Example provides the definition of the variable with an explanation of the how to collect the variable and, when appropriate, an example of choosing the correct data collection

Data Entry Rules refers to formatting rules for data entry and any warnings or restrictions on data entry. For example, the user will receive a Soft Notification or warning when entering data that falls outside common values or if that value could represent a more common entry in a different unit. The warning does not necessarily mean data has been entered incorrectly; it is just an opportunity for the user to double check data entry. The data enterer will receive a Hard Limit when data is restricted from entry. This means ELSO assesses the value to be incorrect. For example, the entry of ECLS Start Time after the Date of Death is not allowed. Occasionally it is necessary for Data Entry Rules to vary by age group in ELSO. There are three mutually exclusive ELSO age groups: Neonate (0-28 days), Pediatric (29 days- 17 years), and Adult (≥ 18 years). The Soft Notification for the Field Name "Admission Weight" is different for each age group. (The possibility of error exists; please email RegistrySupport@elso.org if an unwarranted Hard Limit is received).

Collection / Modification describes the dates during which the data has been collected. If there was a modification of the method by which a variable is collected, the date when that modification occurred is noted here.

Table Name is a descriptor that provides the name of the table in which a given variable is stored. ELSO data is a relational database, meaning that different data elements are stored in different tables with common rows that allow merging of tables.

Column Name / Stored Values describes the column or variable name and stored values for a given variable. For example, the data field "**Hand Bag Valve Ventilation**" is stored under Column Name (or variable name) "**HandBagging."** Handbagging has the and is stored with values "**No = 0**", "**Yes = 1**", and "**Unknown = -1.**"

Historical dates

Hard and Soft Limits were first added to data elements October 16, 2018

ECPR Addenda was updated from Version 1 to Version 2 January 21, 2020

SARS-CoV-2 Addenda was added March 2, 2020

Please see the **ELSO Registry Change Document** for more details: https://www.elso.org/Portals/0/Files/PDF/January%202020%20ELSO%20Registry%20Change%20Document.pdf

Mandatory Fields and Major Complications

We indicate mandatory fields in two ways. First, the box for the **Field Name** has a red background (see below). Second, the **Definition/ Explanation/ Example** includes the sentence "**This is a required field.**" See example below:

Mandatory Data Field

Major complications

We indicate major complications by shading the background of the **Field Name** yellow. See example below:

Major Complication

Extracorporeal Life Support Organization (ELSO) Registry Data Definitions

When is it Extracorporeal Life Support?

- ECLS is a collective term for extracorporeal therapies used for the support of various presentations of cardiac and/or pulmonary failure through the use of an extracorporeal circuit. ECLS includes therapies focusing on oxygenation, carbon dioxide removal, cardiac support, or a combination thereof. It excludes cardiopulmonary bypass for cardiothoracic or vascular surgical procedures.
- ECMO is the provision of oxygen and carbon dioxide exchange through the use of an extracorporeal circuit consisting minimally of a blood pump, artificial lung, and vascular access cannulae, using blood flows sufficient to support oxygenation and concomitantly enhance carbon dioxide removal. The term ECLS has been used interchangeably with the term ECMO, but ECMO is the preferred term when the goal is oxygen and carbon dioxide exchange by means of a pumped extracorporeal circuit. ECMO is a type of ECLS.
- ECLS begins when extracorporeal flow is established through the ECLS cannulas and circuit.
- Cardiopulmonary bypass may be converted to ECLS support. In this case ECLS begins when extracorporeal support is moved from the cardiopulmonary bypass circuit to an ECLS circuit.
- If a patient is on a Ventricular Assist Device and an oxygenator is placed in line, this designates the beginning of ECLS and more specifically ECMO.
- ECLS may be for short periods of time, for example to support a surgical procedure, where the patient is reliant upon the ECLS circuit.

When is it not ECLS?

- The use of a Ventricular Assist Device without an oxygenator is not considered ECLS.
- Currently ELSO is not collecting data on those patients who are placed on an extracorporeal circuit for organ donation.

Notes

- It is essential that every ELSO member center submit all cases that meet our definition of ECLS.
- The ELSO Registry Data Definitions is a working document. If your Center has a question or requires clarification, please contact ELSO. The answer will be found for your question and the document updated as needed.
- If you find a mistake, please contact ELSO.
- If you have an unusual patient occurrence and require assistance with categorizing or determining which forms to complete, please detail the situation to ELSO.

1. ADD PATIENT

Arrive here by clicking "Quick add." Only select "Quick add" to enter a new patient with no previous runs. If the patient has had a previous run, select the patient and "Add new run."

Patient Information

This section is used for starting a form and holding a form for an individual patient. These fields are required.

Definition/ Explanation/ Example	Data Entry Rules	Collection / Modification	Table Name	Column Name / Stored Values
The Center ID is a 3 digit number assigned to your center when you join ELSO. This number will not change as long as you are an ELSO center.		01/01/1989- present	Registry.CenterPatients (links CenterId and Patient Id only)	CenterNo
You do not need to enter your Center ID during data entry as it is linked to your account. Please note, however, that the Center ID is a component of the Unique ID below.			Rgistry.Centers (contains all CenterNo's)	
The Unique ID is a number that uniquely identifies every patient in	Ten or Eleven digit	01/01/1989- present	Registry.Patients	UniqueID
The format that must be used for this field is a ten-character identifier. The first 3 or 4 characters are the Center ID. The next 4 characters are the year the patient went on ECLS for their first run. The following 3 characters is the sequence number of that patient for that year within your center. For those patients with multiple runs, this number will be the same. <u>Please use leading zeros if any of the components are less than 3 digits</u> . For example, if your center ID is 008, the year the patient went on		4 digit center number allowed 2022		
	The Center ID is a 3 digit number assigned to your center when you join ELSO. This number will not change as long as you are an ELSO center. You do not need to enter your Center ID during data entry as it is linked to your account. Please note, however, that the Center ID is a component of the Unique ID below. Example Center ID 008 The Unique ID is a number that uniquely identifies every patient in the ELSO registry. This is a required field. The format that must be used for this field is a ten-character identifier. The first 3 or 4 characters are the Center ID. The next 4 characters are the year the patient went on ECLS for their first run. The following 3 characters is the sequence number of that patient for that year within your center. For those patients with multiple runs, this number will be the same. Please use leading zeros if any of the components are less than 3 digits.	The Center ID is a 3 digit number assigned to your center when you join ELSO. This number will not change as long as you are an ELSO center. You do not need to enter your Center ID during data entry as it is linked to your account. Please note, however, that the Center ID is a component of the Unique ID below. Example Center ID 008 The Unique ID is a number that uniquely identifies every patient in the ELSO registry. This is a required field. The format that must be used for this field is a ten-character identifier. The first 3 or 4 characters are the Center ID. The next 4 characters are the year the patient went on ECLS for their first run. The following 3 characters is the sequence number of that patient for that year within your center. For those patients with multiple runs, this number will be the same. Please use leading zeros if any of the components are less than 3 digits.	The Center ID is a 3 digit number assigned to your center when you join ELSO. This number will not change as long as you are an ELSO center. You do not need to enter your Center ID during data entry as it is linked to your account. Please note, however, that the Center ID is a component of the Unique ID below. Example Center ID 008 The Unique ID is a number that uniquely identifies every patient in the ELSO registry. This is a required field. The format that must be used for this field is a ten-character identifier. The first 3 or 4 characters are the Center ID. The next 4 characters are the year the patient went on ECLS for their first run. The following 3 characters is the sequence number of that patient for that year within your center. For those patients with multiple runs, this number will be the same. Please use leading zeros if any of the components are less than 3 digits.	The Center ID is a 3 digit number assigned to your center when you join ELSO. This number will not change as long as you are an ELSO center. You do not need to enter your Center ID during data entry as it is linked to your account. Please note, however, that the Center ID is a component of the Unique ID below. Example Center ID 008 The Unique ID is a number that uniquely identifies every patient in the ELSO registry. This is a required field. The format that must be used for this field is a ten-character identifier. The first 3 or 4 characters are the Center ID. The next 4 characters are the year the patient went on ECLS for their first run. The following 3 characters is the sequence number of that patient for that year within your center. For those patients with multiple runs, this number will be the same. Please use leading zeros if any of the components are less than 3 digits. Table Name O1/01/1989- Registry.CenterPatients (links Centerlander) Registry.Centers (contains all CenterNo's) Registry.Patients O1/01/1989- present 4 digit center number 10 1/01/1989- present 4 digit center number allowed 2022 4 digit center number allowed 2022

Patient Information (continued)

This section is used for starting a form and holding a form for an individual patient. These fields are required.

Field name	Definition/ Explanation/ Example	Data Entry Rules	Collection / Modification	Table Name	Column Name Stored Value
	This field collects the date of birth of the patient. For neonatal patients, it also collects the time of birth. This is a required field.	Neonates (0-28 d) MM/DD/YYYY HH:MM	01/01/1989- present	Registry.Patients	Birthdate
	Enter the patient's date of birth in format MM/DD/YYYY. If the patient is a new neonate, use the format MM/DD/YYYY HH:MM. The dates and times can be typed in or selected from a drop down menu.	Pediatric (29 d – 17 yrs) & Adult (≥ 18 yrs) MM/DD/YYYY			
Birthdate	For example, if your patient was born January 9 th , 2016, you would enter 01/09/2016. If they were a neonate born on October 15 th , 2016 at 03:00 AM then you would enter 10/15/2016 03:00 AM.	Soft Notification You can leave this patient's birthdate as is, but please double check the entry as this patient is over 70 years old.			
		Hard Limit The date of birth must be before the date and time on ECMO.			
		The patient cannot be more than 100 years old.			
Sex	This field collects the gender of the patient at birth.	This field is limited to a single value.	01/01/1989- present	Registry.Patients	Sex
	Select the patient's gender at birth as Male, Female , Unknown . For example, if the patient was born male, then you would select "Male" from the dropdown menu.	This is part of the minimum dataset because it is incorporated into risk adjustment models.	8/9/2018-present Sex made part of the min dataset		0 = Unknown 1 = Male 2 = Female

Patient Information (continued) This section is used for starting a form and holding a form for an individual patient. These fields are required.							
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values		
Race	This field indicates the patient's race, as determined by the patient or family and can fall into one or more of the categories below. Check all that apply: Asian: This includes a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, Japan, etc. Black: This includes a person having origins in any of the black racial groups, for example African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. Hispanic, Latino, or Spanish origin – This includes a person having origins identified as Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc. Middle Eastern or North African for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc. Native American: A person having origins in any of the original peoples of North and South America (including Central America), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. Native Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc. White: A person having origins identified German, Irish, English, Italian, Polish, French, etc. Other: Persons who define their race differently than the above choices. Unknown: The race of the patient is unknown If a patient identifies their race as a combination of white and black, then please check both white and black.	Check all that apply	01/01/1989- 12/01/2017 defined as	ECLS.PatientsRaces	Race 0 = Unknown 1 = Asian 2 = Black 3 = Hispanic 4 = White 5 = Middle Eastern or North African 6 = Native American 7 = Native Pacific Islander 9 = Other		

First Run Information This section includes further details regarding the patient demographics. Verify previously entered data when starting the form.							
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values		
	Enter the Date/Time ECLS was initiated. This is a required field.	DD/MM/YYYY HH:MM	01/01/1989- present	ECLS.Run	TimeOn		
	This field specifically refers to the time that extracorporeal blood flow was established through cannulas attached to an ECLS circuit.	Hard Limit Time On cannot be earlier than the Date of Birth.	'		(computed by IGD as TimeOn for earliest RunDetail		
ECLS Start	ECLS Start time may also be the date/time a patient who was previously placed on ECLS in another institution was admitted to your institution. Please enter transfer details in the field name "Patient Transported on ECLA".	Time On cannot be after than the Date of Death.			record)		
Time	VAD circuits that have an oxygenator: consider the start time of ECLS as						
	the time the oxygenator was added. Patient X was transported on ECLS to My State Hospital B on January 12, 2017 16:00. Patient X was cannulated for ECLS at University Hospital A and ECLS flow was established on January 11, 2017 at 14:00. My State Hospital B is filling out the ELSO data entry form and will record ECLS start time as 01/11/2017 2:00PM.						
	The number reflecting how many ECLS runs this patient has had in their lifetime. This is a required field and it is auto-populated if you click new run. The first time a patient is placed on ECLS is considered Run #1. Patients should have additional Runs entered due to: removal of ECMO cannulas AND cessation of ECMO support for a time period greater than 12 hours.	If this is the first run click "Quick Add" and Run No 1 will be auto-populated. If this is Run No 2 or greater then select the desired patient and click "Add New Run". The next consecutive run will be	01/01/1989- present	ECLS.Runs	RunNo		
Run No	However, when a VAD is in use, cannulas may be left in once the oxygenator is removed. Consider adding an additional run after 12 hours has elapsed from the removal of the oxygenator.	auto-populated.					
	Temporary transition of ECLS Support to cardiopulmonary bypass (CPB) for cardiac surgery would not be categorized as an additional run. Nor do changes in "ECLS Mode" such as from VA to VV do not constitute a new run in isolation.						

Patient X was discontinued from ECLS on February 2, 2017 at 2:00 AM, but his cannulas were left in place. He required ECLS support to be restarted on February 2, 2017 at 4:00PM (14 hours later). This is not a new run because the ECLS cannula were not removed.		
Patient Y was discontinued from ECLS on March 4, 2017 at 03:00 AM and the cannulas were removed. He required ECLS again on March 4, 2017 at 4:00 PM (13 hours later). This is a new run because cannulas were removed and it was greater than 12 hours later.		

First Run Information (continued) This section includes further details regarding the patient demographics. Verify previously entered data when starting the form.								
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values			
	This field defines the Support Type of ECLS received. ECLS Support Types are (pulmonary, cardiac and ECPR). This is a required field.		01/01/1989-present	ECLS.Runs	SupportType 1=Pulmonary 2=Cardiac			
	Select the best choice. Pulmonary: The use of extracorporeal membrane oxygenation with a				3=ECPR			
	primary indication for support of respiratory failure by providing gas exchange support. Does not imply any specific ECLS mode or cannulation configuration. (Synonym for respiratory ECMO.)							
	Cardiac: The use of extracorporeal membrane oxygenation with a primary indication for support of left and/or right ventricular failure by							
	providing cardiac and gas exchange support. Does not imply any specific ECLS mode or cannulation configuration.							
	Extracorporeal cardiopulmonary resuscitation (ECPR): ECPR is the application of rapid-deployment venoarterial extracorporeal membrane							
	oxygenation, to provide circulatory support in patients in whom conventional cardiopulmonary resuscitation (CPR) is unsuccessful in							
Support Type	achieving sustained return of spontaneous circulation (sustained ROSC). Sustained ROSC is deemed to have occurred when chest compressions are not required for 20 consecutive minutes and signs of circulation							
зирроге турс	persist (Jacobs et al, Cardiac arrest and CPR outcome reports: Utstein templates from ILCOR. <i>Circulation</i> . 2004;110(21):3385-972004).							
	Patient X, a 3 year-old, suffered a cardiac arrest during intubation for an asthma exacerbation. He achieved return of spontaneous circulation							
	(ROSC). He was on continuous albuterol and 0.1mcg/kg/min of epinephrine and echocardiogram demonstrated hyperdynamic cardiac							
	function. He was placed on VA ECMO through the neck for respiratory support. Choose support type Pulmonary .							
	Patient Y, a 55 year-old, suffered a cardiac arrest after a myocardial infarction. He achieved ROSC, but an hour later had poor LV function							
	and rapidly progressive needs for inotropic support. He was cannulated VA through the groin for cardiac support. Choose support type Cardiac . Patient Z , a 50 year-old, suffered ventricular fibrillation cardiac arrest.							
	In the next 60 minutes, he required a cumulative of 55 minutes of CPR interrupted by moments (< 5minutes) of ROSC. When ECLS cannulas							
	were placed, he was not receiving CPR, but arrested again immediately after placement. He was cannulated VA. Choose support type ECPR .							

First Run Information (continued) This section is further details regarding the patient demographics. Verify previously entered data when starting the form.							
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values		
	This field defines the mode of drainage and return of blood in the extracorporeal system. This is a required field.		01/01/1989-present	ECLS.RunDetails	Mode		
	Select the primary cannulation configuration even if multiple cannulas are placed.		Venopulmonary Mode 07/12/2020 - present	(Reporting Notes: 1. We will consider a Run VV à VA if and only if there are two	(See ECLS.ModeCodes for X-Walk table)		
	VV: Venovenous support is the application of extracorporeal circulation primarily for respiratory support, in which the extracorporeal circuit drains blood from the venous system and reinfuses into the venous system (or pre-lung). VV ECMO operates in series with the heart and lungs and does not provide bypass of these organs.			the first having VV, the second having VA. 2. We will consider	1 = VA 2 = VV 3 = VVA 4 = AVCO2R 5 = VVECCO2R		
ECLS Mode	VA: Venoarterial is the application of extracorporeal circulation often for cardiac or circulatory support, in which the extracorporeal circuit drains blood from the venous system and returns into the systemic arterial system. Without qualification, VA ECMO refers to support that returns blood to the systemic arterial system, operating in parallel with and providing partial, or complete, bypass of the heart and lungs. VVA Venovenoarterial is a hybrid configuration of VV and VA extracorporeal support in which the extracorporeal circuit drains blood from the venous system and reinfuses into both the venous and systemic arterial systems. VVA ECMO provides both pulmonary (VV component) and cardiac support (VA component) in patients with combined cardiopulmonary failure.			a Run VA à VV if and only if there are two run detail records: the first having VA and the second having VV. 3. Any situation having more than 2 run details with different values of Mode will be considered as Support Mode = Other}	6 = VP 0 = Unknown 9 = Other		
	VP: Venopulmonary is the application of extracorporeal circulation for combined respiratory and right heart support in which the extracorporeal circuit drains blood from the venous system and reinfuses into the pulmonary artery. VP ECMO provides partial or complete bypass of the right heart but operates in series with the lungs.						
	Conrad, S, et al (2018) The Extracorporeal Life Support Organization Maastricht treaty for nomenclature in extracorporeal life support. Am J Respir Crit Care Med, 198(4), 447-451						

ield Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name Stored Values
	Broman LM, et al (2019) The ELSO Maastricht Treaty for ECLS nomenclature: abbreviations for cannulation configuration in extracorporeal life support. A position paper of the Extracorporeal Life Support Organization. Crit Care 23(1), 36. Doi: 10.1186/s13054-019-2334-8.				
	AVCO₂R Arteriovenous carbon dioxide removal (AVCO ₂ R) is the provision of pumpless carbon dioxide exchange through the use of an extracorporeal circuit consisting of an artificial lung, and venous and arterial vascular access cannulas using lower blood flows. Blood flow is driven by the patient's arterio-venous pressure gradient.				
ECLS Mode	VV ECCO₂R Venovenous extracorporeal carbon dioxide removal (VV CO ₂ R) is the provision of carbon dioxide exchange through the use of an extracorporeal circuit consisting of a blood pump, artificial lung, and venovenous vascular access cannulas using lower blood flows.				
	Other Indicates a support not listed				
	Unknown				
	Patient W , a 10-year old requiring ECMO for respiratory support was placed with a dual-lumen ECMO cannula in the right internal jugular vein, and a second single lumen draining cannula. Choose VV .				
	Patient X, returns from the Cardiovascular Operating Room (CVOR) after scheduled RVAD implantation (right atrium to pulmonary artery). Because the patient's implantation was complicated by pulmonary hemorrhage, the patient requires an oxygenator to be placed in line				

Neonatal Information This section is completed for all neonatal patients. Neonatal is a patient defined as less than or equal to 28 days of age at ECLS Start Time. Collection/ Column Name / Field Name Definition / Explanation / Example Data Entry Rules Table Name Modification **Stored Values** This field collects the weight of the patient at the time of birth. Values can be entered 01/01/1989-present Registry.Patients BirthWeight This is a required field if the patient age is \leq 28 days at ECLS to two decimal points Start Time. (hundredths) Birth Weight Enter the patient's weight at birth in kilograms to the nearest **Soft Notification:** hundredth. < 2.00 kg or > 6.00 kg **Hard Limit:** Baby A was born at 3.157kg and went on ECMO weighing <0.20 kg or > 10.00 kg 3.210kg. Please enter Birth Weight 3.16 kg Enter the patient's estimated gestational age at birth in weeks. Values can be entered 01/01/1989-present Registry.Patients GestAge This is a required field if the patient age is ≤ 28 days at ECLS to one decimal points Start Time. (tenths) Gestational Enter the gestational age at birth in weeks to the nearest tenth. **Hard Limit:** Age <12 weeks or Baby B was born October 10, 2017 at 38 and 2/7th weeks > 50 weeks gestation. Enter 38.3 because 2/7 = 0.286 This field collects the 1 minute Apgar scores. Integer values only 01/01/1989-present Registry.Patients Apgar1 One minute Apgar scores can have a value from 0 through 10. Hard Limit: Apgar 1 < 0 or Baby B was born with Apgar scores 7/9 (common short hand for > 10 Apgar score at 1 minute = 7 and Apgar score at 5 minute = 9). Please enter 7 for the Apgar 1. 01/01/1989-present This field collects the 5 minute Apgar scores. Integer values only Registry.Patients Apgar5 **Hard Limit:** Five minute Appar scores can have a value from 0 through 10. Apgar 5 < 0 or > 10Baby B was born with a five minute Appar score of 9. Please enter 9 for the Apgar 5. This field collects the patient's delivery type. 01/01/1989-present Registry.Patients Delivery Select one: Vaginal, Emergency Caesarian Section, Elective 0 = UnknownCaesarian Section or Unknown 1 = Vaginal Delivery 2 = Emergency C-Section 3 = Elective C-Section Baby A was emergently delivered via Caesarian section due to non-reassuring fetal heart tones. Select Emergency Caesarian Section.

CDH Information							
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values		
	This field collects if a neonate had a congenital diaphragmatic hernia (CDH). CDH is a developmental defect of the diaphragm that allows abdominal viscera to herniate into the chest. This defect is present from the time of birth.		01/01/1989-present	Registry.Patients	-1 = Unknown 0 = No 1 = Yes		
CDH	Select one: Yes, if the patient has a CDH No, if the patient did not have a CDH Unknown, if it is not known whether the patient has a CDH				Missing = Null		
	Baby A was born with a left sided CDH. Select yes from the drop down for CDH.						
Prenatal CDH	This field collects if a neonate had a prenatal diagnosis of a congenital diaphragmatic hernia (CDH). If the patient was known to have CDH, please select one. Yes, if CDH was prenatally diagnosed No, if CDH was first recognized after birth (postnatally) Unknown, if clinicians did not know whether the patients CDH diagnosis was made prenatally or postnatally. Baby A was born with a prenatally diagnosed left sided CDH.		01/01/1989-present	Registry.Patients	CDHPrenatal -1 = Unknown 1 = Yes 0 = No Missing = Null		
CDH Side	Select yes from the drop down for prenatal CDH. This field collects the laterality (side) of a neonate's congenital diaphragmatic hernia (CDH). Select the drop down choice that identifies the CDH laterality. Right, if CDH was only on the anatomic right side (side of liver) Left, if CDH was only on the anatomic left (side of spleen) Bilateral, if CDH was on both sides Unknown, if clinicians do not know the laterality of the CDH. Baby A was born with a right sided CDH. Select CDH Side= Right.		01/01/1989-present	Registry.Patients	CDHSide 0 = Unknown 1 = Left 2 = Right 3 = Bilateral Missing = Null		

CDH Informat	CDH Information (continued)							
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values			
	This field describes the timing of the surgical repair of the CDH.		01/01/1989-present	Registry.Patients	CDHRepair			
Repair of CDH	Select the best choice from the drop down that identifies the first surgical attempt to correct the CDH. Pre-ECLS: CDH surgical repair performed prior to the ECLS Start Time. On ECLS, CDH surgical repair performed after the ECLS Start Time. Post-ECLS: CDH surgical repair performed after ECLS Stop Time. None: The patient did not receive surgical repair of the CDH.				0 = None 1 = Pre-ECLS 2 = On ECLS 3 = Post-ECLS			

2. RUN INFORMATION

This section details a specific run on ECLS and may be repeated for different runs.

Run Info	ractans a specime ran on 2020 and may be repeated				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Run No	Enter the number reflecting how many ECLS runs this patient has had in their lifetime. This a required field.		01/01/1989- present	ECLS.Runs	RunNo
	First Run Information under Run No				
Support Type	This field defines the Support Type of ECLS received. ECLS Support Types are (pulmonary, cardiac and ECPR). This is a required field.		01/01/1989- present	ECLS.Runs	SupportType 1 = Pulmonary 2 = Cardiac 3 = ECPR
	First Run Information under Support Type		04/04/4000	5010.0	
	This field collects the patient's weight at the time of admission to the hospital providing ECLS.	Neonate (0-28 d) Values can be entered to two decimal points	01/01/1989- present	ECLS.Runs	Weight
	Use admission weight at the time of admission to the	Soft Notification:	8/9/2018-		
	ECMO institution. Enter the weight in kilograms to the nearest hundredth of a kilogram for neonates. Enter	< 2.00 kg or > 6.00 kg Hard Limit:	present Admission		
	the weight to nearest tenths for pediatric and adult patients. As this is part of the minimum dataset, if this	<0.20 kg or > 10.00 kg	Weight made part		
	information is unknown or unavailable check the appropriate box.	Pediatric (29 d - 17 yr) Values can be entered to one decimal point	of the minimum		
Admission	Neonate admitted to your hospital 4.57 kg and	Soft Notification: < 2.0 kg or > 125.0 kg	dataset		
Weight	weighing 3.95 kg at birth. Record the admission weight of 4.57 kg.	Hard Limit: < 1.0kg or > 500.0 kg			
		Adult (≥ 18 yr)			
		Values can be entered to one decimal point Soft Notification:			
		< 35.0kg or > 125.0 kg Hard Limit:			
		< 10.0 kg or > 500.0 kg			
		This is part of the minimum dataset			
		because it is incorporated into risk			
		adjustment models.			

Run Info (continued)								
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values			
	This field collects the patient's height at the time of admission to the hospital delivering ECLS	Values can be entered to one decimal point.	10/01/2016-present	ECLS.Runs	Height			
	Enter the height in centimeters to one decimal place. Patient J's admission height was 60 inches. In this case,	Neonate (0-28 d) Soft Notification: < 45 cm or > 55 kg						
	convert to centimeters (152.4 cm). Record Height = 152.4 cm.	Hard Limit: < 30 cm or > 70 cm						
Admission Height		Pediatric (29 d - 17 yr) Soft Notification: < 45 cm or > 190 cm						
		Hard Limit: < 30 cm or > 250 cm						
		Adult (≥ 18 yr) Soft Notification: < 150 cm or > 190 cm						
		Hard Limit: < 70 cm or > 250 cm						

Run Info (continued)							
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values		
Intubation	This field collects information on the placement of an artificial airway (naso/oral endotracheal tube or new tracheostomy tube) at any point during the patient's hospitalization. Please select best choice: No: If the patient never had an endotracheal tube during hospitalization. The hospitalization refers to the time spent at the hospital providing ECLS and any other preceding hospitals during the episode of care that led to ECLS. Yes date/time known, or Yes date/time estimated, or Yes date/time unknown: If this patient had a newly placed endotracheal tube or a new tracheostomy tube during the hospitalization. The hospitalization refers to the time spent at the hospital providing ECLS and any other preceding hospitals during the episode of care that led to ECLS. Select Yes date/time known if the date and time is known. Select Yes date/time estimated if the date and time can be estimated to within a day but the exact time is unknown. Select Yes date/time unknown if the date and time is not known and cannot be estimated. Pre-existing tracheostomy: If patient was admitted to the hospital with a pre-existing tracheostomy tube. Patient T has a past medical history of airway stenosis and tracheostomy dependence. He is on room air at home. Select pre-existing tracheostomy tube from the drop down. Patient S was admitted to Hospital A and intubated on 10/01/2017 before being transported to Hospital B for ECLS evaluation on 10/06/2017. Select yes from the drop down.		8/6/2018-present No value, known date/time, Pre- existing tracheostomy, Unknown date/time, Estimated date/time or No intubation added	ECLS.Runs	New date/time known = 1 Pre-Existing invasive ventilation = 2 Yes, date/time unknown = 3 Yes, date/time estimated = 4 No = 0		

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the date and time of the newly placed	Soft Notification:	01/01/1989-present	ECLS.Runs	IntubationDate
	artificial airway (naso/oral endotracheal tube or new	You can leave			
	tracheostomy tube).	Intubation Date as is,			
		but it is unusual for this			
	Enter the date and time (DD/MM/YYYY HH:MM) that the	date to be AFTER the			
	patient had an artificial airway placed. This may be pre- or on	time on ECLS Start			
	ECMO. Intubation refers to placement of an artificial airway,	Time.			
	whether it is an endotracheal, nasotracheal or tracheostomy				
	tube.	You can leave			
		Intubation Date as is,			
	Patient O had an orotracheal intubation on 10/01/2017 11:30	but it is unusual for this			
	AM and a tracheostomy on 10/7/2017 at 12:45 PM. Please	date to be more than a			
	enter 10/01/2017 11: 30 AM.	month before the time			
		on ECLS Start Time.			
Intubation					
Date/Time		Hard Limit:			
Date/ Tille		Intubation Date cannot			
		be earlier than the			
		Date of Birth.			
		Intubation Date cannot			
		be later than the			
		extubation Date/Time.			
		Intubation Date cannot			
		be after the ECLS Stop			
		Time.			
		Intubation Date cannot			
		be after the Date of			
		Death.			

Run Info (con	Run Info (continued)								
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values				
SARS-CoV-2 (COVID-19)	This field collects information about suspicion, testing or confirmation of SARS-CoV-2- infection. COVID-19: COVID-19: COVID19 confirmed by testing: indicates the patient suspected and confirmed to be infected by COVID19 by laboratory testing. COVID19 suspected but NO testing: indicates patient is symptomatic of suspected COVID19 infection, but no confirmatory testing was performed. No clinical suspicion of COVID19 (and no testing): COVID19 not suspected due to patient clinical course. COVID19 confirmed negative: COVID19 infection was suspected but confirmed negative by laboratory testing.		03/02/2020 -present	ECLS.Runs	COVID19 COVID19 confirmed by testing, value: 1 COVID19 suspected but NO testing, value:2 No clinical suspicion of COVID1 (and no testing), value:3 COVID19 confirmed negative, value: 4				
SARS-CoV-2 (MIS-C)	This field collects information about suspicion, testing or confirmation of MIS-C presentation following SARS-CoV-2 infection. Multisystem Inflammatory Syndrome in Children (MIS-C): Clinically Suspected / Confirmed: MIS-C suspected or confirmed by clinical presentation and / or laboratory findings Not Clinically Suspected: indicates no clinical suspicion of MIS-C	MIS-C Screening question is only applicable for patients < 21 years of age	06/15/2020 - present	ECLS.Runs	MisC Lookup table: Clinically Suspected/Confirmed=1, Not Clinically Suspected=2				

3. PRE-ECLS ASSESSMENT

This section details the values for a patient closest to initiation AND before the initiation of ECLS. The data at maximum should be no more than 6 hours before the ECLS Start Time

Pre-ECLS Arterial Blood Gas

Choose the arterial blood gas that meets the following 3 criteria:

- 1. Drawn prior to the ECLS Start Time
- 2. Drawn no more than 6 hours before the ECLS Start Time
- 3. If multiple arterial blood gases exist in this time period, choose the pre-ECLS arterial blood gas closest to AND before the ECLS Start Time

4. If the patient is on cardiopulmonary bypass immediately preceding ECLS please use a blood gas prior to cardiopulmonary bypass

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Pre-ECLS Blood Gas Date/Time	This field collects the date and time of the arterial blood gas that meets the timing criteria for the Pre-ECLS Arterial Blood Gas defined above. Patient M had an ECLS start time of 03/29/2017 02:00AM He had the following 4 blood gases following shorthand: pH/PaCO ₂ /PaO ₂ /HCO ₃ /SaO ₂ Lactate=X, FiO ₂ delivered=X ABG at 03/28/2017 7:00PM 7.13/48/42/18/76% Lactate 5 FiO ₂ delivered = 100% ABG at 03/28/2017 10:00PM 7.06/58/35/16/61% Lactate 11 FiO ₂ delivered = 100% ABG at 03/29/2017 1:00AM 7.07/55/40/16/71% Lactate 10 FiO ₂ delivered = 100% ABG at 03/29/2017 at 02:05 AM 7.06/58/160/16/99% Lactate 12 FiO ₂ delivered = 30% ABG on 03/28/2017 at 7:00PM is ineligible because it was collected more than 6 hours before the ECLS Start Time. ABG on 3/29/2017 at 2:05AM is ineligible because it is after ECLS Start Time. Enter Pre-ECLS Blood Gas Date/Time ABG at 03/29/2017 1:00AM because it is the ABG closest to the start of ECMO. Use all values for pH, PaCO ₂ , PaO ₂ , HCO ₃ , SaO ₂ , Lactate, from the same ABG and report the FiO ₂ at the time the ABG was drawn.	Soft Notification: Pre- ECLS Blood Gas Date/Time must be BEFORE the ECLS Start Time but not more than 6 hrs before ECLS Start Time. Hard Limit: Pre- ECLS Blood Gas Date/Time must be BEFORE the time on ECMO. Pre- ECLS Blood Gas Date/Time cannot be earlier than the Date of Birth. Pre- ECLS Blood Gas Date/Time cannot be after the Date of Death.	01/01/1989- 1/15/2017 Collect worst 1/15/2017-present Closest to ECLS start AND pre-ECLS	ECLS.BloodGases	Time

Choose the arterial blood gas that meets the following 3 criteria:

- 1. Drawn prior to the ECLS Start Time
- 2. Drawn no more than 6 hours before the ECLS Start Time
- 3. If multiple arterial blood gases exist in this time period, choose the pre-ECMO arterial blood gas closest to AND before the ECLS Start Time

			Collection/		Column Name
ield Name	Definition / Explanation / Example	Data Entry Rules	•	Table Name	
			Modification		Stored Value
	This field collects the pH on that meets the timing criteria	Precision 2 decimal points	01/01/1989-	ECLS.BloodGases	pН
	for the Pre-ECLS Arterial Blood Gas defined above.	Soft Notification:	1/15/2017		0 = No
		< 6.90 or > 7.50	Collect worst		1 = Yes
	Potential of hydrogen (negative of the base 10 logarithm	Hard Limit:			
	of the activity of the hydrogen ion) in the arterial blood	<6.00 or > 8.00	1/15/2017-present		
	sample. As this is part of the minimum dataset, if this		Closest to ECLS start		
рН	information is unknown or unavailable check the	This is part of the minimum	AND pre-ECLS		
P	appropriate box.	dataset because it is			
		incorporated into risk	8/9/2018-present		
		adjustment models.	pH made		
			mandatory data		
			field, unknown		
			checkbox		
			added/unavailable		
	This field collects the arterial partial pressure of carbon	US units of Entry	01/01/1989-	ECLS.BloodGases	PCO2
	dioxide (PaCO ₂) that meets the timing criteria for the Pre -	Precision whole number	1/15/2017		
	ECLS Arterial Blood Gas defined above.	Soft Notification:	Collect worst		
		< 30 mm Hg or > 100 mm Hg			
	Arterial partial pressure of carbon dioxide in mm Hg	Hard Limit:	1/15/2017-present		
		< 10 mm Hg or > 250 mm Hg	Closest to ECLS start		
PaCO ₂			AND pre-ECLS		
		International Units			
		Precision 2 decimal points			
		Soft Notification:			
		< 4.00 kPa or > 13.33 kPa			
		Hard Limit:			
		< 1.33 kPa or > 33.33 kPa			

Choose the arterial blood gas that meets the following 3 criteria:

- 1. Drawn prior to the ECLS Start Time
- 2. Drawn no more than 6 hours before the ECLS Start Time

3. If multiple arterial blood gases exist in this time period, choose the pre-ECMO arterial blood gas closest to AND before the ECLS Start Time

3. IT mun	tiple arterial blood gases exist in this time period, choos	se the pre-ECIMO arterial bio	od gas closest to AND	before the ECLS Start	ı ime
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
PaO ₂	This field collects the arterial partial pressure oxygen (PaO ₂) that meets the timing criteria for the Pre-ECLS Arterial Blood Gas defined above. Arterial partial pressure of oxygen in mm Hg	US units of Entry Precision whole number Soft Notification: < 20 mm Hg or > 300 mm Hg Hard Limit: < 0 mm Hg or > 760 mm Hg	01/01/1989- 1/15/2017 Collect worst 1/15/2017-present Closest to ECLS start AND pre-ECLS	ECLS.BloodGases	PO2
		International Units Precision 2 decimal points Soft Notification: < 2.66 kPa or > 40.00 kPa Hard Limit: < 0 kPa or > 101.31 kPa			
НСО₃	This field collects the arterial standard bicarbonate (HCO ₃) that meets the timing criteria for the Pre-ECLS Arterial Blood Gas defined above. As this is part of the minimum dataset, if this information is unknown or unavailable check the appropriate box. Standard bicarbonate concentration mEq/L or mmol/L	US units of Entry Precision whole number Soft Notification: < 10 mEq/L or > 40 mEq/L Hard Limit: < 0 mEq/L or > 70 mEq/L International units Precision whole number Soft Notification: < 10 mmol/L or > 40 mmol/L Hard Limit: < 0 mmol/L or > 70 mmol/L This is part of the minimum dataset because it is incorporated into risk adjustment models.	01/01/1989- 1/15/2018 Collect worst 1/15/2017-present Closest to ECLS start AND pre-ECLS 8/9/2018-present HCO3 made mandatory data field, unknown checkbox added/unavailable	ECLS.BloodGases	HCO3 0 = No 1 = Yes

Choose the arterial blood gas that meets the following 3 criteria:

- 1. Drawn prior to the ECLS Start Time
- 2. Drawn no more than 6 hours before the ECLS Start Time
- 3. If multiple arterial blood gases exist in this time period, choose the pre-ECMO arterial blood gas closest to AND before the ECLS Start Time

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
SaO₂ (%)	This field collects the arterial oxyhemoglobin saturation that meets the timing criteria for the Pre-ECLS Arterial Blood Gas defined above.	Units of measure for US and International is % Precision whole number Soft Notification:	01/01/1989- 1/15/2018 Collect worst	ECLS.BloodGases	SaO2
	Arterial blood oxyhemoglobin saturation from arterial blood gas in %.	<50% or > 100% Hard Limit: <1% or > 100%	1/15/2018-present Closest to ECLS start AND pre-ECLS		
	This field collects the peripheral oxyhemoglobin saturation that meets the timing criteria for the Pre-ECLS Arterial Blood Gas defined above.	Units of measure for US and International is % Precision whole number	1/15/2017-present Closest to ECLS start AND pre-ECLS	ECLS.BloodGases	SpO2
SpO ₂ (%)	However, this is not a blood gas measurement, it is the noninvasive pulse oximeter measured oxyhemoglobin saturation.	Soft Notification: <50% or > 100% Hard Limit: <1% or > 100%			

Choose the arterial blood gas that meets the following 3 criteria:

- 1. Drawn prior to the ECLS Start Time
- 2. Drawn no more than 6 hours before the ECLS Start Time
- 3. If multiple arterial blood gases exist in this time period, choose the pre-ECMO arterial blood gas closest to AND before the ECLS Start Time

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the highest serum lactate concentration	Units of measure for US and	1/1/2017	ECLS.BloodGases	Lactate
	from an arterial blood gas arterial oxyhemoglobin	International is mmol/L	Collect worst		
	saturation that meets the timing criteria for the Pre-ECLS				
	Arterial Blood Gas defined above. If the lactate was drawn	Soft Notification:	1/15/2018-present		
	from a venous sample it is ok to enter.	<0mmol/L or >20 mmol/l	Closest to ECLS start		
Lactate		Hard Limit:	AND pre-ECLS		
		<0mmol/L or >40 mmol/l			
	Highest serum lactate concentration drawn in the 6 hours				
	preceding ECLS. If not all blood gases collect lactate, it can				
	be drawn separately from the other arterial blood gas				
	values, but it still needs to fall in the above described time				
	period for Pre-ECLS Arterial Blood Gas.	Harita of management for HC and	04 /04 /4 000	ECIC Variation and	F:03
	This field collects the percentage of inspired oxygen at the	Units of measure for US and	01/01/1989-	ECLS.VentSettings	FiO2
	time the Pre-ECLS Arterial Blood Gas was drawn.	International is %	1/15/2018		
5:00		Precision whole number	Collect worst		
FiO2	Percentage of inspired oxygen at the time the blood gas was	Soft Notification:			
	obtained	<21% or > 100%	1/15/2018-present		
		Hard Limit:	Closest to ECLS start		
		<10% or > 100%	AND pre-ECLS		

Pre-ECLS Ventilator Settings

- 1. Ventilator settings used prior to ECLS Start Time
- 2. Exclude ventilator settings used more than 6 hours before the ECLS Start Time
- 3. If multiple ventilator settings exist, report the last reported ventilator settings before the ECLS Start Time. If the patient was receiving hand delivered bag valve ventilation immediately prior to going on ECMO please use the ventilator settings just prior to hand delivered bag valve ventilation unless the patient was hand delivered bag valve ventilation for the entire time prior to the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the date and time of the ventilator settings that	Soft Notification:	01/01/1989-	ECLS.VentSettings	Time
	meet the timing criteria for Pre-ECLS Ventilator Settings defined	Pre- ECLS Vent Settings	1/15/2018		
	above criteria.	Date/Time must be	Collect worst		
		BEFORE the ECLS Start			
	Patient M had an ECLS start time of 03/29/2017 02:00AM	Time but not more	1/15/2018-present		
	He had the following 4 reports of ventilation support. All pressure	than 6 hrs before ECLS	Closest to ECLS		
	measurements are reported in cm of water.	Start Time.	start AND pre-ECLS		
	Settings at 03/28/2017 7:00PM	Hard Limit:			
	Conventional Mechanical Ventilator (CMV) in Pressure Control (PC)	Pre- ECLS Vent Settings			
	with Assist Control (AC) with settings: set ventilator rate 30, PIP 35,	Date/Time must be			
	PEEP 20, FiO ₂ 100% and measured Mean Airway Pressure (MAP) 28.	BEFORE the time on			
		ECMO.			
Pre-ECLS	Settings at 03/28/2017 10:00PM				
Vent Settings	High Frequency Oscillatory Ventilation (HFOV) with settings:	Pre- ECLS Vent Settings			
Date/Time	MAP 40, Hertz (Hz) 8, Amplitude 75, FiO ₂ 100%	Date/Time cannot be			
Date/ Time		earlier than the Date of			
	Settings at 03/29/2017 1:00AM	Birth.			
	Hand Delivered Bag Valve Ventilation				
	Rate 25-35, PIP 40-50, PEEP 25, FiO ₂ 100%	Pre- ECLS Vent Settings			
		Date/Time cannot be			
	Settings at 03/29/2017 at 02:05 AM	after the Date of Death.			
	CMV PC/AC with settings: rate 10, PIP 25, PEEP 10, FiO ₂ 30%				
	Pre-ECLS Vent Settings at 03/28/2017 7:00PM and 03/29/2017 at				
	02:05 AM are ineligible because they are more than 6 hours before				
	ECLS Start Time and after ECLS Start Time, respectively. Do not				
	enter the and Delivered Bag Valve Mask Settings. Instead choose				
	HFOV with settings: MAP 40, Hertz (Hz) 8, Amplitude 75, Enter Pre-				
	ECLS Vent Settings Date/Time 03/28/2017 10:00PM.				

- 1. Ventilator settings used prior to ECLS Start Time
- 2. Exclude ventilator settings used more than 6 hours before the ECLS Start Time
- 3. If multiple ventilator settings exist, report the last reported ventilator settings before the ECLS Start Time. If the patient was receiving hand delivered bag valve ventilation immediately prior to going on ECMO, please use the ventilator settings just prior to hand delivered bag valve ventilation unless the patient was hand delivered bag valve ventilation for the entire time prior to the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name /
riela Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Stored Values
	This field collects the type of mechanical ventilation at the timing	This is part of the	01/01/1989-1/15/2018	ECLS.VentSettings	VentTypeId
	that meets the criteria for Pre-ECLS Ventilator Settings defined	minimum dataset	Collect worst		
	above.	because it is			As defined on X-Walk
		incorporated into	1/15/2018-present		Table
	Select one from the drop down	risk adjustment	Closest to ECLS start AND		
	Other if type known but unspecified	models.	pre-ECLS		VentTypes
Ventilator	Conventional = Conventional mechanical ventilation includes				
Type	pressure control, pressure regulated volume control, volume		8/1/2018 Collect None		0 = Other
Туре	control, and inverse ratio ventilation such as airway pressure				1 = Conventional
	release ventilation.		8/9/2018-present		2 = HFO
	HFO = High frequency oscillatory ventilation		Ventilator Type made		3 = Other HFV
	Other HFV = other high frequency ventilator = High frequency jet		mandatory data field		4 = No Ventilator
	ventilation, percussive ventilation				5 = Unknown
	No Ventilator = No ventilator was in use				
	Unknown if type unknown				
	This field collects the set respiratory rate in breaths per minute	Units of measure is	01/01/1989-1/15/2018	ECLS.VentSettings	Rate
	for conventional ventilation that meets timing criteria for Pre -	breaths per minute	Collect worst		
	ECLS Ventilator Settings defined above.	(bpm)	Only collected one rate		
		Precision whole	field. Separated.		
Conventional	You can only record a conventional rate if you choose the type of	number			
Rate	ventilator to be conventional , other HFV or other .	Soft Notification:	1/15/2018-present		
Nate		< 10 bpm or > 40	Closest to ECLS start AND		
		bpm	pre-ECLS.		
		Hard Limit:	Separated conventional		
		< 0 bpm or > 125	and HFV rate.		
		bpm			

- 1. Ventilator settings used prior to ECLS Start Time
- 2. Exclude ventilator settings used more than 6 hours before the ECLS Start Time
- 3. If multiple ventilator settings exist, report the last reported ventilator settings before the ECLS Start Time. If the patient was receiving hand delivered bag valve ventilation immediately prior to going on ECMO, please use the ventilator settings just prior to hand delivered bag valve ventilation unless the patient was hand delivered bag valve ventilation for the entire time prior to the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name /
ricia ivallie	Definition / Explanation / Example	Data Entry Naies	Concetion, Mounication	Table Name	Stored Values
	This field collects the set high frequency ventilation rate in Hertz	Units of measure is	01/01/1989-1/15/2018	ECLS.VentSettings	HighFrequencyRate
	(Hz) = breaths per second. that meets the Pre-ECLS Ventilator	Hertz (Hz)	Collect worst.		
	Settings above.	Precision one	Only collected one rate		
		decimal point	field. Separated.		
HFV Rate	You can only record a HFV rate if you choose HFV , other HFV or				
TH V Nate	other.	Soft Notification:	1/15/2018-present		
		<3 Hz or > 17 Hz	Closest to ECLS start AND		
		Hard Limit:	pre-ECLS.		
		<3 Hz or > 17 Hz	Separated conventional		
			and HFV rate.		
	This field collects the Mean Airway Pressure (MAP) in	Units of measure is	01/01/1989-1/15/2018	ECLS.VentSettings	MAP
	centimeters of water at the timing that meets the criteria for Pre -	cm H₂O	Collect worst		
	ECLS Ventilator Settings defined above.	Precision whole			
		number	1/15/2018-present		
	The MAP is a measured variable in conventional mechanical		Closest to ECLS start AND		
MAP	ventilation and set variable in HFOV.	Soft Notification:	pre-ECLS		
IVIAI		< 10 cm H ₂ O			
		or > 30 cm H ₂ O			
		Hard Limit:			
		< 0 cm H ₂ O			
		or > 60 cm H ₂ O			

- 4. Ventilator settings used prior to ECLS Start Time
- 5. Exclude ventilator settings used more than 6 hours before the ECLS Start Time
- 6. If multiple ventilator settings exist, report the last reported ventilator settings before the ECLS Start Time. If the patient was receiving hand delivered bag valve ventilation immediately prior to going on ECMO, please use the ventilator settings just prior to hand delivered bag valve ventilation unless the patient was hand delivered bag valve ventilation for the entire time prior to the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the Peak Inspiratory Pressure (PIP),	PIP is displayed for	01/01/1989-1/15/2018	ECLS.VentSettings	PIP
	that meets the timing criteria for Pre-ECLS Ventilator	conventional, other HFV, and	Collect worst value.		
	Settings defined above.	other	Amplitude and PIP in		
			same data entry field.		
	Peak Inspiratory Pressure (PIP) for conventional	Units of measure is cm H ₂ O			
	pressure control, pressure regulated volume control,	Precision whole number	1/15/2018-present		
	volume control and the Phigh in inverse ratio		Closest to ECLS start		
	ventilation such as airway pressure release ventilation.	Soft Notification:	AND pre-ECLS.		
		< 10 cm H ₂ O	Separated data fields		
PIP		or > 45 cm H ₂ O	for PIP and Amplitude.		
		Hard Limit: PIP must be greater than or equal to MAP			
		PIP must be greater than or equal to PEEP			
		< 0 cm H ₂ O or > 80 cm H ₂ O			

- 1. Ventilator settings used prior to ECLS Start Time
- 2. Exclude ventilator settings used more than 6 hours before the ECLS Start Time
- 3. If multiple ventilator settings exist, report the last reported ventilator settings before the ECLS Start Time. If the patient was receiving hand delivered bag valve ventilation immediately prior to going on ECMO, please use the ventilator settings just prior to hand delivered bag valve ventilation unless the patient was hand delivered bag valve ventilation for the entire time prior to the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the Amplitude or Delta Pressure (DP), that	Amplitude is displayed	01/01/1989-	ECLS.VentSettings	DeltaP
	meets the timing criteria for Pre-ECLS Ventilator Settings	for HFO, other HFV, and	1/15/2018		
	defined above.	other	Collect worst value.		
			Amplitude and PIP		
	High Frequency Amplitude for high frequency oscillatory	Units of measure is cm	in same data entry		
	ventilation or other high frequency ventilation or other.	H ₂ O	field		
		Precision whole number			
Amplitude			1/15/2018-present		
		Soft Notification:	Closest to ECLS start		
		< 30 cm H ₂ O	AND pre-ECLS.		
		or > 90 cm H ₂ O	Separated data		
			fields for PIP and		
		Hard Limit:	Amplitude.		
		< 10 cm H ₂ O			
		or > 100 cm H ₂ O			
	This field collects the positive end-expiratory pressure (PEEP)	PEEP is displayed for	01/01/1989-	ECLS.VentSettings	PEEP
	that meets the timing criteria for Pre-ECLS Ventilator Settings	displayed for	1/15/2018		
	defined above.	conventional, other HFV,	Collect worst		
		and other			
	PEEP can only be collected when a patient is in conventional ,	Units of measure is cm	1/15/2018-present		
	other high frequency ventilation or other.	H₂O	Closest to ECLS start		
		Precision whole number	AND pre-ECLS		
PEEP					
		Soft Notification:			
		< 5 cm H ₂ O			
		or > 25 cm H ₂ O			
		Hard Limit:			
		< 0 cm H ₂ O			
		or > 40 cm H ₂ O			

- 1. Ventilator settings used prior to ECLS Start Time
- 2. Exclude ventilator settings used more than 6 hours before the ECLS Start Time
- 3. If multiple ventilator settings exist, report the last reported ventilator settings before the ECLS Start Time. If the patient was receiving hand delivered bag valve ventilation immediately prior to going on ECMO, please use the ventilator settings just prior to hand delivered bag valve ventilation unless the patient was hand delivered bag valve ventilation for the entire time prior to the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects if the patient could no longer be supported		01/01/1989-	ECLS.VentSettings	HandBagging
	with mechanical ventilation and needed to convert to hand bag		1/15/2018		
	valve ventilation. Only select this if the patient received hand		Collect worst		0 = No
	bag valve ventilation through an invasive airway beginning in				1 = Yes
	the 6 hours prior to the ECLS Start Time AND continuing until		1/15/2018-present		-1 = Unknown
	the time the patient went on ECLS.		Closest to ECLS start		
			AND pre-ECLS		
	Select yes, no or unknown from the drop down menu				
Hand Bag Valve Ventilation	Patient Y went on ECLS on 10/1/2017 at 8:00PM. At 3:00 PM on 10/1/2017 he was transitioned to hand bag ventilation because his CO2 climbed to 100 mm Hg. His mechanical ventilator settings were adjusted and he was placed back on the mechanical ventilator at 3:15 PM. Select No.				
	Patient Z went on ECLS at 10/2/2017 at 2:00PM. At 1:00 PM she could no longer maintain oxygen saturations above 70% on 100% FiO ₂ . She was disconnected from mechanical ventilation and received hand bag valve ventilation until she was on ECLS support. Select Yes.				

Pre-ECLS Hemodynamics

This section details hemodynamic values for a patient closest to initiation AND before the ECLS Start Time. The data, at maximum, should be from no more than 6 hours before the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Pre-ECLS Hemodynamics Date/Time	This field collects the date and time that the Systolic Blood Pressure (SBP), Diastolic Blood Pressure (DBP) and Mean Blood Pressure (Mean BP) were simultaneously collected in accordance with Pre-ECLS Hemodynamics timing criteria defined above. The Pre-ECLS Hemodynamics Date/Time should refer to the date and time of the Systolic Blood Pressure (SBP), Diastolic Blood Pressure (DBP) and Mean Blood Pressure (Mean BP) which all should be measured at the same time. If a patient has an invasive arterial line that is measuring blood pressure please report values from the arterial line. If the patient does not have invasive arterial blood pressure monitoring in the 6 hours prior to the ECLS Start Time, then use noninvasive blood pressure monitoring values that fall in that time frame. Patient M had an ECLS start time of 03/29/2017 02:00AM He had the following 4 reports of blood pressure. Reported as SBP/DBP (Mean BP) in mm Hg At 03/28/2017 7:00PM Arterial BP 60/40 (53) At 03/28/2017 10:00PM Arterial BP 70/40 (58) At 03/29/2017 at 02:05 AM Arterial BP 80/50 (65) Enter Pre-ECLS Hemodynamics Date/Time 03/29/2017	Soft Notification: Pre- ECLS Hemodynamics Date/Time must be BEFORE the ECLS Start Time but not more than 6 hrs before ECLS Start Time. Hard Limit: Pre- ECLS Hemodynamics Date/Time must be BEFORE the time on ECMO. Pre- ECLS Hemodynamics Date/Time cannot be earlier than the Date of Birth. Pre- ECLS Hemodynamics Date/Time cannot be after the Date of Death.	•	ECLS.Hemodynamics	
	1:00AM and enter the Arterial BP with Systolic 70 mm Hg, Diastolic BP 40 mm Hg and Mean BP 58 mm Hg				

Pre-ECLS Hemodynamics (continued)

This section details hemodynamic values for a patient closest to initiation AND before the ECLS Start Time. The data, at maximum, should be from no more than 6 hours before the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the systolic blood pressure	Units of measure are mm Hg	01/01/1998-	ECLS.Hemodynamics	SBP
	(SBP) that meets the Pre-ECLS Hemodynamics	Precision: whole number	12/1/2011 data		
	timing criteria defined above.		recommended for		
	-	Neonate (0-28 days)	collection on		
		Soft Notification:	neonates only though		
	Enter the systolic of a single measurement of	< 30 mm Hg or > 90 mm Hg	it was collected on		
	blood pressure. If an arterial blood pressure and	Hard Limit:	non-neonatal		
	non-invasive cuff pressure exist, please choose	< 0 mm Hg or > 150 mm Hg	patients		
	the arterial pressure monitor reading.				
	·	Pediatric (29 days – 17 yrs)	12/1/2011-1/15/2018		
	As this is part of the minimum dataset, if this	Soft Notification:	data recommended		
	information is unknown or unavailable check the	< 50 mm Hg or > 180 mm Hg	for all age groups and		
Systolic BP	appropriate box.	Hard Limit:	recommended to be		
ŕ	P. P. C. C.	< 0 mm Hg or > 250 mm Hg	collected as worst		
			value.		
		Adult (≥ 18 yrs)			
		Soft Notification:	1/15/2018-present		
		< 50 mm Hg or > 180 mm Hg	Closest to ECLS start		
		Hard Limit:	AND pre-ECLS		
		< 0 mm Hg or > 300 mm Hg			
			8/9/2018-present		
		This is part of the minimum	SBP made mandatory		
		dataset because it is	data field,		
		incorporated into risk	Unavailable/unknown		
		adjustment models.	checkbox added		

Pre-ECLS Hemodynamics (continued)

This section details hemodynamic values for a patient closest to initiation AND before the ECLS Start Time. The data, at maximum, should be from no more than 6 hours before the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
(E tii Er bl no th As in	this field collects the diastolic blood pressure (DBP) that meets the Pre-ECLS Hemodynamics iming criteria defined above. Inter the diastolic of a single measurement of blood pressure. If an arterial blood pressure and con-invasive cuff pressure exist, please choose the arterial pressure monitor reading. It is part of the minimum dataset, if this is part of the minimum dataset, if this information is unknown or unavailable check the ppropriate box.	Units of measure are mm Hg Precision: whole number Neonate (0-28 days) Soft Notification: < 15 mm Hg or > 80 mm Hg Hard Limit: < 0 mm Hg or > 150 mm Hg Pediatric (29 days − 17 yrs) Soft Notification: < 20 mm Hg or > 150 mm Hg Hard Limit: < 0 mm Hg or > 200 mm Hg Adult (≥ 18 yrs) Soft Notification: < 30 mm Hg or > 180 mm Hg Hard Limit: < 0 mm Hg or > 250 mm Hg Hard Limit: The Diastolic BP cannot be greater than the Systolic BP. This is part of the minimum dataset because it is incorporated into risk	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on non-neonatal patients 12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value. 1/15/2018-present Closest to ECLS start AND pre-ECLS 8/9/2018-present Diastolic BP made mandatory data field, Unavailable/unknown checkbox added	ECLS.Hemodynamics	DBP

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the mean blood pressure (Mean	Units of measure are mm Hg	01/01/1998- 12/1/2011	ECLS.Hemodynamics	MAP
	BP) that meets the Pre-ECLS Hemodynamics	Precision: whole number	data recommended for		
	timing criteria defined above.		collection on neonates		
		Neonate (0-28 days)	only though it was		
	Enter the mean of a single measurement of blood	Soft Notification:	collected on non-		
	pressure. If an arterial blood pressure and non-	< 20 mm Hg or > 70 mm Hg	neonatal patients		
	invasive cuff pressure exist please choose the	Hard Limit:	'		
	arterial pressure monitor reading.	< 0 mm Hg or > 150 mm Hg	12/1/2011-1/15/2018		
			data recommended for		
		Pediatric (29 days – 17 yrs)	all age groups and		
		Soft Notification:	recommended to be		
		< 30 mm Hg or > 150 mm Hg	collected as worst		
Maan DD		Hard Limit:	value.		
Mean BP		< 0 mm Hg or > 200 mm Hg			
			1/15/2018-present		
		Adult (≥ 18 yrs)	Closest to ECLS start		
		Soft Notification:	AND pre-ECLS		
		< 30 mm Hg or > 180 mm Hg			
		Hard Limit:			
		< 0 mm Hg or > 250 mm Hg			
		Hard Limit:			
		The Mean BP must be greater			
		than or equal to the Diastolic BP			
		The Mean BP must be less than			
		or equal to the Systolic BP			

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
SvO2	This field collects the mixed venous oxygen saturation (SvO ₂) of the patient's blood that meets the Pre-ECLS Hemodynamics timing criteria defined above. Enter the lowest SvO ₂ measured, ideally from the pulmonary artery or secondarily right atrium, but it is acceptable to enter SvO ₂ from any central line.	Units of measure % of hemoglobin oxygen saturation Precision: whole number Soft Notification: < 20% or > 80 % Hard Limit: < 0 % or > 100 %	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on non- neonatal patients 12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value. 1/15/2018-present Closest to ECLS start AND pre-ECLS	ECLS.Hemodynamics	SvO2

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the Pulmonary Capillary Wedge	Units of measure	01/01/1998- 12/1/2011	ECLS.Hemodynamics	PCWP
	Pressure (PCWP) that meets the Pre-ECLS	mm Hg	data recommended for		
	Hemodynamics timing criteria defined above.	Precision: whole number	collection on neonates		
			only though it was		
	Enter the highest PCWP measured with an	Neonate (0-28 days)	collected on non-		
	indwelling pulmonary artery catheter.	Soft Notification:	neonatal patients		
		< 0 mm Hg or > 30 mm Hg			
PCWP		Hard Limit:	12/1/2011-1/15/2018		
		< 0 mm Hg or > 100 mm Hg	data recommended for		
			all age groups and		
		Pediatric and Adult (> 29 days)	recommended to be		
		Soft Notification:	collected as worst value.		
		< 0 mm Hg or > 45 mm Hg			
		Hard Limit:	1/15/2018-present		
		< 0 mm Hg or > 100 mm Hg	Closest to ECLS start AND		
			pre-ECLS		
	This field collects the Systolic Pulmonary Arterial	Units of measure	001/01/1998- 12/1/2011	ECLS.Hemodynamics	SPAP
	Pressure (Systolic PAP) that meets the Pre-ECLS	mm Hg	data recommended for		
	Hemodynamics timing criteria defined above.	Precision whole number	collection on neonates		
			only though it was		
	Enter the highest systolic PAP measured with an	Neonate (0-28 days)	collected on non-		
	indwelling pulmonary artery catheter	Soft Notification:	neonatal patients		
		< 5 mm Hg or > 50 mm Hg			
6 1 1 010		Hard Limit:	12/1/2011-1/15/2018		
Systolic PAP		< 0 mm Hg or > 100 mm Hg	data recommended for		
			all age groups and		
		Pediatric and Adult (> 29 days)	recommended to be		
		Soft Notification:	collected as worst value.		
		< 5 mm Hg or > 90 mm Hg	1/15/2010		
		Hard Limit:	1/15/2018-present		
		< 0 mm Hg or > 150 mm Hg	Closest to ECLS start AND		
			pre-ECLS 1/01/1989-		
			present		

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the Diastolic Pulmonary Arterial	Units of measure mm Hg	01/01/1998- 12/1/2011	ECLS.Hemodynamics	DPAP
	Pressure (Diastolic PAP) that meets the Pre-ECLS	Precision: whole number	data recommended for		
	Hemodynamics timing criteria defined above.		collection on neonates		
		Neonate (0-28 days)	only though it was		
	Enter the highest diastolic PAP measured with an	Soft Notification:	collected on non-		
	indwelling pulmonary artery catheter.	< 1 mm Hg or > 40 mm Hg	neonatal patients		
		Hard Limit:			
		< 0 mm Hg or > 80 mm Hg	12/1/2011-1/15/2018		
Diastolic PAP			data recommended for		
Diastolic PAP		Pediatric and Adult (> 29 days)	all age groups and		
		Soft Notification:	recommended to be		
		< 2 mm Hg or > 80 mm Hg	collected as worst value.		
		Hard Limit:			
		< 0 mm Hg or > 130 mm Hg	1/15/2018-present		
			Closest to ECLS start AND		
		Hard Limit:	pre-ECLS		
		Diastolic PAP cannot be greater			
		than Systolic PAP.			

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the Mean Pulmonary Arterial Pressure (Mean PAP) that meets the Pre-ECLS Hemodynamics timing criteria defined above.	Units of measure mm Hg Precision: whole number Neonate (0-28 days)	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was	ECLS.Hemodynamics	МРАР
	Enter the highest Mean PAP measured with an indwelling pulmonary artery catheter.	Soft Notification: < 2 mm Hg or > 45 mm Hg Hard Limit: < 0 mm Hg or > 85 mm Hg	collected on non- neonatal patients 12/1/2011-1/15/2018 data recommended for		
Mean PAP		Pediatric and Adult (> 29 days) Soft Notification: < 2 mm Hg or > 80 mm Hg Hard Limit:	all age groups and recommended to be collected as worst value.		
		< 0 mm Hg or > 140 mm Hg Hard Limit: The Mean PAP must be greater than or equal to the Diastolic PAP The Mean PAP must be less than or equal to the Systolic PAP	1/15/2018-present Closest to ECLS start AND pre-ECLS		
	This field collects the cardiac index that meets the Pre-ECLS Hemodynamics timing criteria defined above. Enter the lowest Cardiac Index calculated: Cardiac Output / Body Surface Area = L/min/m ² or measured.	Units of measure L/min/m² Precision: one decimal point Soft Notification: < 1 L/min/m² or > 10 L/min/m² Hard Limit:	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on non- neonatal patients	ECLS.Hemodynamics	CI
Cardiac Index		< 0 L/min/m ² or > 20 L/min/m ²	12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value. 1/15/2018-present Closest to ECLS start AND pre-ECLS		

4. PRE-ECLS SUPPORT

This section details the support a patient may require prior to initiating ECLS. Pre-ECLS Support Codes are defined by ELSO as being used at least once to support a patient prior to initiating ECLS. Generally, these support mechanisms are limited to 24 hours prior to ECLS

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Hospital Admit Date/Time	This field collects the date and time a patient was admitted to the ECLS center entering data. Enter the date and time (DD/MM/YYYY HH:MM) the patient was admitted to your ECLS Center. The admission date/time may be the same as the time of admission for a transfer on ECLS. Patient T was admitted to Hospital on A on 02/12/2017. She was placed on ECLS at Hospital A on 02/14/2017 at 11:57 PM. Subsequently, she transferred to your Hospital B on 02/15/2017 at 02:00 AM for continued ECLS care. Hospital B will enter Hospital Admit Date 02/15/2017.	Hard Limit: Hospital Admit Date cannot be earlier than the Date of Birth. Hospital Admit Date cannot be after the Date of Death. Hospital Admit Date cannot be after ECLS Stop Time. If Patient Transported to your center = "transported not on ECMO" or "not transported" or "unknown"; then Hospital Admit Date must be BEFORE ECLS start time This is part of the minimum dataset because it is incorporated into risk adjustment models.	01/01/1989-present	ECLS.Runs	AdmitDate

Pre-ECLS Support (continued)

This section details the support a patient may require prior to initiating ECLS. Pre-ECLS Support Codes are defined by ELSO as being used at least once to support a patient prior to initiating ECLS. Generally, these support mechanisms are limited to 24 hours prior to ECLS

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects if a patient was transported on ECLS	Selection of Transported on ECMO will drop down choice of ELSO	10/01/2016	ECLS.Runs	PatientTransportedNev
	Lets	Center or Non ELSO Center.	12/01/2013 -		0 = Transported not or
	Select transported on ECMO, transported not on		01/21/2017 "pt		ECMO
	ECMO, not transported or unknown to indicate	Once type of center selected, enter	transported"		1 = Transported on
	how the patient was admitted to your center,	name of center. ELSO Centers will	,		ECMO
	whether or not on ECLS, from another ECLS	autopopulate.	01/21/2017 - present		2 = Not transported
	institution.		"pt transported on		-1 = Unknown
			ECMO" as an option		
	If transported on ECMO is selected, choose				TransferType
	whether the transport was received from an ELSO		04/03/2022- present		1 = Transferring run t
	Center or NonELSO Center.		Transported on ECMO		ELSO center
			allows choice from an		2 = Transferring run t
	Transported from an ELSO Center will require the		ELSO Center or Non		non-ELSO center
Patient	entry of the Center ID/Name of Center. These		ELSO Center with		3 = Received run fron
ransported	names will autopopulate.		center name entry.		ELSO center
to your					4 = Received run from
center	Transported from a non ELSO Center will require				non-ELSO center
	the entry of the Name of Center.				5 = matched /
					confirmed received ru
	Patient T was admitted to Hospital on A on				TransferELSOCenter
	02/12/2017. She was placed on ECLS at Hospital A				Valid center number
	on 02/14/2017 at 11:57 PM. Subsequently, she				
	transferred to your Hospital B on 02/15/2017 at				TransferNonELSOCen
	02:00 AM for continued ECLS care. Hospital B will				Free text
	select dropdown for Transported on ECMO .				
	Patient S was admitted to Hospital A on				
	2/12/2017. She was transferred to Hospital B on				
	2/15/2017 and went on ECLS at 20:15 on				
	2/16/2017. Hospital B will select Transported not				
	on ECMO				

Pre-ECLS Support (continued)

This section details the support a patient may require prior to initiating ECLS. Pre-ECLS Support Codes are defined by ELSO as being used at least once to support a patient prior to initiating ECLS. Generally, these support mechanisms are limited to 24 hours prior to ECLS

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Pre-ECLS Cardiac Arrest	This field collects if a patient experienced a cardiac arrest prior to ECLS support. Select yes, no or unknown to indicate if the patient experienced a cardiac arrest within 24 hours prior to ECLS. Cardiac arrest is defined as any event(s) that require the use of cardiopulmonary resuscitation (CPR) with the administration of external cardiac massage. Patient C had a cardiac arrest on July 7 th 2017 at 12:00PM. He went on ECLS on July 9 th 2017 at 1:00PM. He had no further cardiac arrest in between. Select no from dropdown for Pre-ECLS Cardiac Arrest.	This is part of the minimum dataset because it is incorporated into risk adjustment models.	01/01/1989- present 8/9/2018- present Pre-ECLS Cardiac Arrest made mandatory data field.	ECLS.Runs	PreECLSArrest 0 = No 1 = Yes -1 = Unknown

Pre-ECLS Support (continued)

This section details the support a patient may require prior to initiating ECLS. Pre-ECLS Support Codes are defined by ELSO as being used at least once to support a patient prior to initiating ECLS. Generally, these support mechanisms are limited to 24 hours prior to ECLS.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects if a patient received ECLS as a pre-ECLS decision to bridge the patient to transplant.		10/01/2016- present	ECLS.Runs	Transplant
Bridge to	Yes indicates the patient was placed on ECLS as a method of 'bridging' the patient to transplant. No indicates a patient was placed on ECLS without consideration of need for transplant and later received a transplant select. Unknown				0 = No 1 = Yes -1 = Unknown
Transplant	Patient X was placed on ECLS for myocarditis with hope for recovery but a recognition that he could need a transplant if his heart function failed to recover. His heart function did not recover and he received a heart transplant from ECLS. Bridge to Transplant select N o from the drop down.				
	Patient Y went on ECLS with cystic fibrosis and expected bridge to lung transplant but during the course of his run he died before he could receive a lung transplant. Bridge to Transplant select Yes from the drop down.				
	Use this field to indicate if the need for ECLS is due to a traumatic injury. Select yes, no or unknown .		12/01/2017- present	ECLS.Runs	Trauma 0 = No
Is Trauma the underlying reason the person went on ECLS?	Patient C was in a car accident on 10/01/2017. He suffered bilateral pulmonary contusions and developed severe post-traumatic acute respiratory distress syndrome and was paced on ECLS 1 day after admission. Select Yes from the dropdown for Is Trauma the reason the person went on ECLS? Patient Z was in a car accident on 09/11/2017. She suffered bilateral pulmonary contusions and developed severe post-traumatic acute respiratory distress syndrome. She recovered with conventional mechanical ventilator support and was extubated on 09/20/2017 and transferred to the floor. While recovering, three days later she had an aspiration pneumonia with brief cardiac arrest and return of spontaneous circulation. She again developed ARDS and this time required ECLS. Is Trauma the underlying reason the person went on ECLS? Select No from the dropdown.				1 = Yes -1 = Unknown

Mechanical Cardiac Support Codes

Select each support type that was employed prior to the ECLS Start Time. These generally refer to supports received within the 24 hours leading up to ECLS, though many of these supports may have been initiated days, or even months, prior to ECLS.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Mechanical Cardiac Support Codes	This field collects if any mechanical cardiac support was used prior to ECLS	Yes or No response mandatory for category	08/21/2018 – Present		
Cardiac pacemaker	This field collects if a patient had a permanent pacemaker placed prior to ECLS. Check permanent pacemaker if patient had a permanent pacemaker prior to ECLS Patient Y had congenital heart surgery and received		01/15/2018- present	ECLS.Support	SupportCodeld 104
	temporary pacing wires. Subsequently he went on ECLS and before hospital discharge received a permanent pacemaker. Do not check cardiac pacemaker. This field collects if the patient received cardiopulmonary		07/01/2001 -	ECLS.Support	SupportCodeld
Cardiopulmonary bypass	bypass (CPB) in the 24 hours prior to going on ECLS. Check cardiopulmonary bypass if the patient received CPB within the 24 prior to ECLS.		present	LCL3.3upport	201
2)	Patient C had cardiac surgery on CPB on 01/12/2012 at 2:00PM. She then came out of the operating room on vasoactive support. On 01/13/2012 at 2:00 AM she went on ECLS for cardiac support. Check cardiopulmonary bypass.				
Intra-aortic balloon	This field records if a patient had an intra-aortic balloon pump utilized in the 24 hours prior to ECLS Start Time. Check Intra-aortic balloon pump if patient had one within 24 hours prior to ECLS Start Time.		01/15/2018- present	ECLS.Support	SupportCodeId 103
	Patient Z had ECPR and was placed on ECPR then immediately after ECLS Start Time an intra-aortic balloon pump was placed. Do not check intra-aortic balloon pump as this was not a Pre-ECLS support.				

Mechanical Cardiac Support Codes (continued)

Select each support that was employed prior to the ECLS Start Time. These generally refer to supports received within the 24 hours leading up to ECLS, though many of these supports may have been initiated days, or even months, prior to ECLS.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects if a patient had a percutaneously placed Ventricular Assist Device (VAD) support prior to ECLS.		02/01/1998- present	ECLS.Support	SupportCodeId 701
Percutaneous Ventricular Assist Device	Check yes if patient had a percutaneously placed VAD such as Impella 2.5, Impella 5.0, PHP, Tandem Heart. Temporary ventricular assist device, is usually inserted percutaneously via a peripheral artery.				
	Patient Y had a surgically placed VAD and then had an oxygenator cut in, converting him to ECLS. This patient did have Pre-ECLS VAD support, but Do NOT check yes for percutaneous Ventricular Assist Device, as the device was not percutaneous.				
RVAD	This field collects if a patient had a Right Ventricular Assist Device (RVAD) support prior to ECLS. Check RVAD if the right ventricle is supported with an		02/01/1998- present	ECLS.Support	SupportCodeId 203
LVAD	implanted ventricular assist device. This field collects if a patient had a Left Ventricular Assist Device (LVAD) support prior to ECLS.		02/01/1998- present	ECLS.Support	SupportCodeId 202
	Check LVAD if left ventricle is supported with an implanted ventricular assist device. This field collects if a patient had a BiVentricular Assist Device		02/01/1998-	ECLS.Support	SupportCodeId
BiVAD	(BiVAD) support prior to ECLS.		present	LCLS.Support	204
	Check BiVAD if both the right and left ventricles are supported with an implanted ventricular assist device.				
Berlin Heart	This field collects if a patient had a Berlin Heart Ventricular Assist Device support prior to ECLS.		02/01/1998- present	ECLS.Support	SupportCodeld 205
	Check Berlin Heart if it is used for ventricular support prior to ECLS				

Renal, Pulmonary and Other Support Codes

Select each support that was employed prior to the ECLS Start Time. These generally refer to supports received within the 24 hours leading up to ECLS, though some of these supports may have been initiated days prior to ECLS.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Renal, Pulmonary and Other Support Codes	This field collects if any renal, pulmonary or other support codes were used prior to ECLS	Yes or No response mandatory for category	08/21/2018 – Present		
Renal Replacement Therapy	This field collects if a patient required renal replacement therapy any time prior to ECLS. Check Renal Replacement Therapy if the patient requires renal replacement therapy (RRT) during the hospitalization or at baseline (this includes hemodialysis, continuous renal replacement therapy and peritoneal dialysis). Patient Y is dependent on chronic Hemodialysis at home and was admitted and went on ECLS prior to receiving hemodialysis in hospital. Patient Z is on home peritoneal dialysis (PD) and came in with septic shock and went on ECLS without receiving PD in hospital. Patient X has no baseline renal failure but developed acute kidney injury during the hospitalization and received RRT during the hospitalization prior to ECLS. For Patient X, Y and Z check Renal Replacement Therapy		01/01/1989- present	ECLS.Support	SupportCodeId 502
Inhaled anesthetic	This field collects if a patient inhaled anesthetic as a therapy within the 24 hours prior to the ECLS Start Time. Check inhaled anesthetic if it is used as a therapy such as for bronchodilation in the 24 hours prior to ECLS Start Time.		02/01/1998- present	ECLS.Support	SupportCodeId 307
Inhaled epoprostenol	This field collects if a patient inhaled epoprostenol as a therapy within the 24 hours prior to the ECLS Start Time. Check inhaled epoprostenol if the patient received inhaled epoprostenol in the 24 hours period prior to the ECLS Start Time for at least 6 hours.		12/01/2017- present	ECLS.Support	SupportCodeId 711

Renal, Pulmonary and Other Support Codes (continued)

Select each support that was employed prior to the ECLS Start Time. These generally refer to supports received within the 24 hours leading up to ECLS, though some of these supports may have been initiated days prior to ECLS.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Inhaled Nitric Oxide	This field collects if a patient inhaled nitric oxide (iNO) as a therapy within the 24 hours prior to the ECLS Start Time. Check iNO if the patient received inhaled nitric oxide in the 24 hours period prior to the ECLS Start Time for at least 6 hours .		02/01/1998- present	ECLS.Support	SupportCodeId 302
	This field collects if a patient received prone positioning as a respiratory therapy within the 24 hours prior to the ECLS Start Time.		12/01/2017- present	ECLS.Support	SupportCodeId 702
	Guerin C, et al. Prone positioning in severe ARDS. <i>N Engl J Med</i> . 2013;368(23):2159-2168 described prone positioning as being placed "in a completely prone position for at least 16 consecutive hours." Select Yes for Prone Positioning if these conditions are true for the patient within the 24 hours prior to ECLS Start Time.				
Prone Positioning	Patient A went on ECLS on 10/11/2017 at 2:00 PM. She was placed in the prone position from 10/09/2017 at 10:00 PM until 10/10/2017 at 4:00 PM, then she was placed supine and was not replaced in the prone position prior to going on ECLS. Select Yes.				
	Patient Z went on ECLS on 10/11/2017 at 2:00 PM. He was placed in the prone position from 10/09/2017 at 10:00 PM until 6:00 AM on 10/10/2017. He was placed back in the prone position on 10/10/2017 at 10:00 PM until 6:00 AM on 10/11/2017. Select No.				
Partial Liquid Ventilation	Select this if the patient had received intra-tracheal perfluorocarbon at any time during the hospitalization.		02/01/1998- present	ECLS.Support	SupportCodeId 304

Renal, Pulmonary and Other Support Codes (continued)

Select each support that was employed prior to the ECLS Start Time. These generally refer to supports received within the 24 hours leading up to ECLS, though some of these supports may have been initiated days prior to ECLS.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects if the patient received therapeutic		02/01/1998-	ECLS.Support	SupportCodeId
Plasmapheresis	plasmapheresis within the 24 hours prior to ECLS Start Time.		present		501
r idsiriaprieresis	Check plasmapheresis if the patient's plasma was removed by				
	filtration or centrifugation and replaced with other volume.				
	This field collects if the patient received intra-tracheal		02/01/1998-	ECLS.Support	SupportCodeId
	surfactant within the 24 hours prior to ECLS Start Time.		present		303
Surfactant					
	Check Surfactant if exogenous pulmonary surfactant directly				
	delivered into the trachea.				
Therapeutic	This field collects if the patient received therapeutic		10/10/2011-	ECLS.Support	SupportCodeId
hypothermia < 35	hypothermia within the 24 hours prior to the ECLS Start Time.		present		306
• •	Select yes if there was intentional cooling of the patient to <				
degrees C	35 C prior to the ECLS start time.				

	cluding vasoactive infusions)				
Select each that wer	e employed within the 24 hours prior to placing the patient on ECLS.				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Medications	This field collects if any medications (excluding vasoactive infusions)	Yes or No	08/21/2018 –		
(excluding	were used prior to ECLS	response mandatory for	Present		
vasoactive		category			
infusions)	This field collects if the patient received Alprostadil within the 24 hours		01/01/1989-	ECLS.Support	SupportCodeId
	prior to the ECLS Start Time.		present	ECLS.Support	612
Alprostadil	Prostaglandin E1 (Alprostadil) infusion maintains patency of the ductus arteriosus when required for ductal dependent congenital heart disease in the neonatal period.				
	To qualify, the infusion must have been administered for at least 6 hours.				
Bicarbonate	This field collects if the patient received intravenous bicarbonate within the 24 hours prior to the ECLS Start Time.		02/01/1998- present	ECLS.Support	SupportCodeId 403
(Intravenous)	Check if sodium bicarbonate was administered intravenously as a bolus for metabolic acidosis.				
Epoprostenol (all synthetic	This field collects if the patient received a synthetic prostacyclin analogue within the 24 hours prior to the ECLS Start Time.		1/15/2018 - present	ECLS.Support	SupportCodeId 609
prostacyclin analogues)	Check epoprostenol if any synthetic prostacyclin analogues, including epoprostenol infusion and treprostenil subcutaneously.				
Narcotics	This field collects if the patient received continuous intravenous narcotics within the 24 hours prior to the ECLS Start Time. To qualify, the infusion must have been administered for at least 6 hours.		01/01/1989- present	ECLS.Support	SupportCodeId 401
	Check narcotics if the patient had continuous infusion of narcotics.				
Neuromuscular blockers	This field collects if the patient received continuous intravenous neuromuscular blockade within the 24 hours prior to the ECLS Start Time. To qualify, the infusion must have been administered for at least 6 hours.		02/01/1998- 1/15/2018 1/15/2018- present	ECLS.Support	SupportCodeId 402
	Check neuromuscular blocker if the patient had continuous infusion of neuromuscular blockade.		specified infusion		

Medications (excluding vasoactive infusions) (continued) Select each that were employed 24 hours prior to placing the patient on ECLS.									
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values				
Sildenafil	This field collects if the patient received sildenafil within the 24 hours prior to the ECLS Start Time.		02/01/1998- present	ECLS.Support	SupportCodeId 610				
	Check Sildenafil if the patient received systemically Sildenafil 24 hours prior to putting the patient on ECLS.		02/04/4000	5010.0					
Systemic Steroids	This field collects if the patient received systemic steroids within the 24 hours prior to the ECLS Start Time.		02/01/1998- present	ECLS.Support	SupportCodeId 613				
	Check systemic steroids if the patient received systemically glucocorticosteroids 24 hours prior to putting the patient on ECLS.								
THAM	This field collects if the patient received THAM within the 24 hours prior to the ECLS Start Time.		02/01/1998- present	ECLS.Support	SupportCodeId 404				

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Vasoactive Infusions	This field collects if any vasoactive medications were used prior to ECLS	Yes or No response mandatory for category	08/21/2018 – Present		
Dobutamine	This field collects if the patient received a dobutamine infusion within the 24 hours prior to the ECLS Start Time and delivered for at least 6 hours.		02/01/1998- present	ECLS.Support	SupportCodeId 602
Dopamine	This field collects if the patient received a dopamine infusion within the 24 hours prior to the ECLS Start Time and delivered for at least 6 hours.		02/01/1998- present	ECLS.Support	SupportCodeId 601
Enoximone	This field collects if the patient received an enoximone infusion within the 24 hours prior to the ECLS Start Time and delivered for at least 6 hours.		1/15/2018- present	ECLS.Support	SupportCodeId 703
Epinephrine	This field collects if the patient received an epinephrine infusion within the 24 hours prior to the ECLS Start Time and delivered for at least 6 hours.		02/01/1998- present	ECLS.Support	SupportCodeId 603
Esmolol	This field collects if the patient received an esmolol infusion within the 24 hours prior to the ECLS Start Time and delivered for at least 6 hours.		02/01/1998- present	ECLS.Support	SupportCodeId 705
Levosimendan	This field collects if the patient received a levosimendan infusion within the 24 hours prior to the ECLS Start Time and delivered for at least 6 hours.		02/01/1998- present	ECLS.Support	SupportCodeId 704
Metaraminol	This field collects if the patient received a metaraminol infusion within the 24 hours prior to the ECLS Start Time and delivered for at least 6 hours.		1/15/2018 - present	ECLS.Support	SupportCodeId 712
Metoprolol	This field collects if the patient received a metoprolol infusion within the 24 hours prior to the ECLS Start Time and delivered for at least 6 hours.		02/01/1998- present	ECLS.Support	SupportCodeId 706
Milrinone	This field collects if the patient received a milrinone infusion within the 24 hours prior to the ECLS Start Time and delivered for at least 6 hours.		02/01/1998- present	ECLS.Support	SupportCodeId 608

Vasoactive Infusions (continued) Select each infusion that was employed for at least 6 hours within 24 hours of the ECLS start time. Column Name / Collection/ Field Name Definition / Explanation / Example Table Name **Data Entry Rules** Modification Stored Values 02/01/1998-This field collects if the patient received a **nicardipine** infusion ECLS.Support SupportCodeId **Nicardipine** 707 within the 24 hours prior to the ECLS Start Time and delivered present for at least 6 hours. This field collects if the patient received a **nitroglycerin** 02/01/1998-ECLS.Support SupportCodeId Nitroglycerin infusion within the 24 hours prior to the ECLS Start Time and present 708 delivered for at least 6 hours. This field collects if the patient received a nitroprusside 02/01/1998-**ECLS.Support** SupportCodeId Nitroprusside infusion within the 24 hours prior to the ECLS Start Time and present 605 delivered for at least 6 hours. This field collects if the patient received a **norepinephrine** 02/01/1998-ECLS.Support SupportCodeId Norepinephrine infusion within the 24 hours prior to the ECLS Start Time and 604 present delivered for at least 6 hours. This field collects if the patient received a **phenylephrine** SupportCodeId 1/15/2018-ECLS.Support Phenylephrine infusion within the 24 hours prior to the ECLS Start Time and 713 present delivered for at least 6 hours. SupportCodeId This field collects if the patient received a **tolazoline** infusion 02/01/1998-ECLS.Support within the 24 hours prior to the ECLS Start Time and delivered 607 present Tolazoline for at least 6 hours. This field collects if the patient received a vasopressin 1/15/2018-ECLS.Support SupportCodeId infusion within the 24 hours prior to the ECLS Start Time and 709 present Vasopressin delivered for at least 6 hours.

Pre-ECLS Support Ty	Pre-ECLS Support Types no longer collected									
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values					
Abdominal compression			01/01/1989- 12/01/2017		105					
AVCO2R			01/01/1989- 12/01/2017		206					
ЕСМО			101/01/1989- 12/01/2017		207					
High frequency ventilation/oscillation			01/01/1989- 12/01/2017		301					
Hyperventilation			01/01/1989- 12/01/2017		305					
Vasopressor/inotropic drug			01/01/1989- 12/01/2017		101					

5. ECLS ASSESSMENT

This section details the values for a patient on ECLS closest to 24 hours after the ECLS Start Time. If data at 24 hours is not available, then give the data closest to 24 hours after initiation of ECLS (no less than 18 after the ECLS Start Time and no more than 30 hours after ECLS Start Time).

24-hour ECLS Arterial Blood Gas

- 1. Drawn after the ECLS Start Time
- 2. Drawn no less than 18 hours after the ECLS Start Time and no more than 30 hours after ECLS Start Time
- 3. If multiple arterial blood gases exist in this time period, choose the ECLS arterial blood gas closest to 24 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the date and time of the arterial blood gas that	Soft Notification:	01/01/1989-	ECLS.BloodGases	Time
	meets the timing criteria for the 24-hour ECLS Arterial Blood Gas	24-hour ECLS	1/15/2018		
	defined above.	Blood Gas Date/Time must	collect best		
		be no less than 18 hrs	value		
	Patient M had an ECLS start time of 03/29/2017 02:00AM	AFTER ECLS Start Time and			
	He had the following 4 blood gases following shorthand:	no more than 30 hrs AFTER	1/15/2018-		
	pH/PaCO ₂ /PaO ₂ /HCO ₃ /SaO ₂ Lactate=X, FiO ₂ delivered=X	the ECLS Start Time.			
	4.00 4.00 /00 /00 / 7.00 00 / 10 / 10 / 10 / 10 / 10 / 10 / 1		present collect		
	ABG at 03/29/2017 7:00PM	Hard Limit:	value on ECLS		
	7.41/40/80/24/98% Lactate 1 FiO ₂ delivered = 30%	24-hour ECLS Blood Gas	closest to 24		
	ABG at 03/29/2017 at 11:30 PM	Date/Time must be AFTER	hours of ECLS		
24-hour ECLS	7.42/41/82/25/99% Lactate 1 FiO ₂ delivered = 30%	the ECLS Start Time.			
Blood Gas	7.42/41/02/23/33% Lactate 1 FIO2 delivered = 30%	24 have FCLS Bland Con			
Date/Time	ABG at 03/30/2017 3:00AM	24-hour ECLS Blood Gas			
Date/ Time	7.39/39/81/25/100% Lactate 1 FiO ₂ delivered = 30%	Date/Time cannot be AFTER the Date of Death			
	7.103/03/01/23/100% Educate 1710 ₂ delivered 30%	the Date of Death			
	ABG at 03/30/2017 8:30AM	24-hour ECLS Blood Gas			
	7.38/38/82/23/99% Lactate 1 FiO ₂ delivered = 30%	Date/Time cannot be AFTER			
		48 hours			
	ABG on 03/29/2017 at 7:00 PM is ineligible because it less than 18				
	hours after the ECLS Start Time. ABG on 3/30/2017 at 8:30 AM is	24-hour ECLS Blood Gas			
	ineligible because it is > 30 hours after ECLS Start Time. Enter 24 -	Date/Time cannot be			
	hour ECLS Arterial Blood Gas Date/Time at 03/30/2017 3:00AM	earlier than the Date of			
	because it is the ABG closest to the 24 hours after the ECLS Start	Birth.			
i	Time. Use all values for pH, PaCO ₂ , PaO ₂ , HCO ₃ , SaO ₂ , Lactate, from				
	the same ABG and report the FiO ₂ at the time the ABG was drawn.				

24-hour ECLS Arterial Blood Gas (continued)

- 1. Drawn after the ECLS Start Time
- 2. Drawn no less than 18 hours after the ECLS Start Time and no more than 30 hours after ECLS Start Time
- 3. If multiple arterial blood gases exist in this time period, choose the ECLS arterial blood gas closest to 24 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/	Table Name	Column Name /
- Tela Harrie	Definition y Explanation y Example	Data Entry Naies	Modification	Table Halle	Stored Values
рН	This field collects the pH that meets the timing criteria for the 24-hour ECLS Arterial Blood Gas defined above. As this is part of the minimum dataset, if this information is unknown or unavailable check the appropriate box. pH is the potential of hydrogen (negative of the base 10 logarithm of the activity of the hydrogen ion) in the arterial blood sample.	Precision 2 decimal points Soft Notification: < 6.90 or > 7.50 Hard Limit: < 6.00 or > 8.00 This is part of the minimum dataset because it is incorporated into risk adjustment models.	01/01/1989-1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS 8/9/2018-present pH made mandatory data field if available and ECLS duration greater than or equal to 24 hours, Unavailable/unknown checkbox added	ECLS.BloodGases	рH
PaCO ₂	This field collects the arterial partial pressure of carbon dioxide (PaCO ₂) that meets the timing criteria for the 24-hour ECLS Arterial Blood Gas defined above. PaCO ₂ is the arterial partial pressure of carbon dioxide in mm Hg.	US units of Entry Precision whole number Soft Notification: < 30 mm Hg or > 100 mm Hg Hard Limit: < 10 mm Hg or > 250 mm Hg International Units Precision 2 decimal points Soft Notification: < 4.00 kPa or > 13.33 kPa Hard Limit: < 1.33 kPa or > 33.33 kPa	01/01/1989-1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS	ECLS.BloodGases	PCO2

24-hour ECLS Arterial Blood Gas (continued)

- 1. Drawn after the ECLS Start Time
- 2. Drawn no less than 18 hours after the ECLS Start Time and no more than 30 hours after ECLS Start Time
- 3. If multiple arterial blood gases exist in this time period, choose the ECLS arterial blood gas closest to 24 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
PaO₂	This field collects the arterial partial pressure oxygen (PaO ₂) that meets the timing criteria for the 24-hour ECLS Arterial Blood Gas defined above. PaO ₂ is the arterial partial pressure of oxygen in mm Hg.	US units of Entry Precision whole number Soft Notification: < 20 mm Hg or > 300 mm Hg Hard Limit: < 0 mm Hg or > 760 mm Hg International Units Precision 2 decimal points Soft Notification: < 2.66 kPa or > 40.00 kPa Hard Limit: < 0 kPa or > 101.31 kPa	01/01/1989- 1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS	ECLS.BloodGases	PO2
HCO₃	This field collects the arterial standard bicarbonate (HCO ₃) that meets the timing criteria for the 24-hour ECLS Arterial Blood Gas defined above. As this is part of the minimum dataset, if this information is unknown or unavailable check the appropriate box. HCO ₃ is the Standard bicarbonate concentration mEq/L or mmol/L	US units of Entry Precision whole number Soft Notification: < 10 mEq/L or > 40 mEq/L Hard Limit: < 0 mEq/L or > 70 mEq/L International units Precision whole number Soft Notification: < 10 mmol/L or > 40 mmol/L Hard Limit: < 0 mmol/L or > 70 mmol/L This is part of the minimum dataset because it is incorporated into risk adjustment models.	01/01/1989- 1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS 8/9/2018-present HCO3 made mandatory data field if available and ECLS duration greater than or equal to 24 hours, Unavailable/unknown checkbox added	ECLS.BloodGases	HCO3

24-hour ECLS Arterial Blood Gas (continued)

- 1. Drawn after the ECLS Start Time
- 2. Drawn no less than 18 hours after the ECLS Start Time and no more than 30 hours after ECLS Start Time
- 3. If multiple arterial blood gases exist in this time period, choose the ECLS arterial blood gas closest to 24 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
SaO2 (%)	This field collects the arterial oxyhemoglobin saturation that meets the timing criteria for the 24-hour ECLS Arterial Blood Gas defined above. SaO ₂ is the percent arterial blood oxyhemoglobin saturation from arterial blood gas.	Units of measure for US and International is % Precision whole number Soft Notification: <50% or > 100% Hard Limit: <1% or > 100%	01/01/1989- 1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS	ECLS.BloodGases	SaO2
SpO ₂ (%)	This field collects the peripheral oxyhemoglobin saturation that meets the timing criteria for the 24-hour ECLS Arterial Blood Gas defined above. However, this is not a blood gas measurement, it is the noninvasive pulse oximeter measured oxyhemoglobin saturation.	Units of measure for US and International is % Precision whole number Soft Notification: <50% or > 100% Hard Limit: <1% or > 100%	1/15/2017- present Closest to ECLS start AND pre- ECLS	ECLS.BloodGases	SpO2
Lactate	This field collects the highest serum lactate concentration from an arterial blood gas arterial oxyhemoglobin saturation that meets the timing criteria for the 24-hour ECLS Arterial Blood Gas defined above. If not all blood gases do not collect lactate, it can be drawn separately from the other arterial blood gas values, but it still needs to fall in the above described time period for 24 hour Arterial Blood Gas .	Units of measure for US and International is mmol/L Soft Notification: <0mmol/L or >20 mmol/l Hard Limit: <0mmol/L or >40 mmol/l	01/01/2017- 1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS	ECLS.BloodGases	Lactate
FiO ₂	This field collects the percentage of inspired oxygen at the time the 24-hour ECLS Arterial Blood Gas was drawn.	Units of measure for US and International is % Precision whole number Soft Notification:	01/01/1989- 1/15/2018	ECLS.VentSettings	FiO2

FiO ₂ is the percentage of inspired oxygen from the	<21% or > 100%	collect best	
ventilator or other supplemental oxygen at the time the	Hard Limit:	value	
blood gas was obtained.	<10% or > 100%		
		1/15/2018-	
		present collect	
		value on ECLS	
		closest to 24	
		hours of ECLS	

24-hour ECLS Ventilator Settings

- 1. Collected after the ECLS Start Time
- 2. Collected no less than 18 hours after the ECLS Start Time and no more than 30 hours after ECLS Start Time
- 3. If multiple ventilator settings exist in this time period, choose the Ventilator Settings closest to 24 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
24-hour ECLS Vent Settings Date/Time	This field collects the date and time of the ventilator settings that meet the timing criteria for the 24-hour ECLS Ventilator Settings defined above. Patient M had an ECLS start time of 03/29/2017 02:00AM He had the following 4 reports of ventilation support. All pressure measurements are reported in cm of water. Settings at 03/29/2017 7:00PM Conventional Mechanical Ventilator (CMV) in Pressure Control (PC) with Assist Control (AC) with settings: set rate 10, PIP 25, PEEP 15, FiO2 30% measured MAP 18. Settings at 03/29/2017 at 11:30 PM CMV PC/AC with settings: rate 10, PIP 25, PEEP 15, FiO2 30% measured MAP 18. Settings at 03/30/2017 3:00AM CMV PC/AC with settings: rate 10, PIP 25, PEEP 15, FiO2 30% MAP 18. Settings at 03/30/2017 8:30AM CMV PC/AC with settings: rate 10, PIP 25, PEEP 15, FiO2 30% measured MAP 18. 24-hour ECLS Ventilator Settings at 03/29/2017 7:00PM and at 03/30/2017 8:30AM are ineligible because they are less than 18 hours after the ECLS Start Time and more than 30 hours after the ECLS Start Time, respectively. Choose 03/30/2017 3:00AM for the 24-hour ECLS Vent Date/Time and enter the appropriate settings from that date and time in the fields below.	Soft Notification: 24-hour ECLS Vent Settings Date/Time must be no less than 18 hrs AFTER ECLS Start Time and no more than 30 hrs AFTER the ECLS Start Time. Hard Limit: 24-hour ECLS Vent Settings Date/Time must be AFTER the ECLS Start Time. 24-hour ECLS Vent Settings Date/Time cannot be earlier than the Date of Birth. 24-hour ECLS Vent Settings Date/Time cannot be after the Date of Death.	Modification 01/01/1989- 1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS	ECLS.VentSettings	Time

- 1. Collected after the ECLS Start Time
- 2. Collected no less than 18 hours after the ECLS Start Time and no more than 30 hours after ECLS Start Time
- 3. If multiple ventilator settings exist in this time period, choose the Ventilator Settings closest to 24 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Ventilator Type	This field collects the type of mechanical ventilation at the timing that meet the criteria for the 24-hour ECLS Ventilator Settings defined above. Select one from the drop down Other if type known but unspecified Conventional = Conventional mechanical ventilation includes pressure control, pressure regulated volume control, volume control, and inverse ratio ventilation such as airway pressure release ventilation. HFO = High frequency oscillatory ventilation Other HFV = other high frequency ventilator = High frequency jet ventilation, percussive ventilation No Ventilator = No ventilator was in use Unknown if type unknown	This is part of the minimum dataset because it is incorporated into risk adjustment models.	01/01/1989-1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS 8/9/2018-present Ventilator Type made mandatory data field if ECLS duration greater than or equal to 24 hours	ECLS.VentSettings	VentTypeId As defined on X-Walk Table VentTypes 0 = Other 1 = Conventional 2 = HFO 3 = OtherHFV 4 = No Ventilator 5 = Unknown
Conventional Rate	This field collects the set respiratory rate in breaths per minute for conventional ventilation at the timing criteria for Pre-ECLS Ventilator Settings defined above. You can only record a conventional rate if you choose the type of ventilator to be conventional , other HFV or other .	Units of measure is breaths per minute (bpm) Precision whole number Soft Notification: < 10 bpm or > 40 bpm Hard Limit: < 0 bpm or > 125 bpm	01/01/1989-1/15/2018 collect best value. Only one rate field 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS. Separated conventional and HFV rate.	ECLS.VentSettings	Rate

- 1. Collected after the ECLS Start Time
- 2. Collected no less than 18 hours after the ECLS Start Time and no more than 30 hours after ECLS Start Time
- 3. If multiple ventilator settings exist in this time period, choose the Ventilator Settings closest to 24 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
HFV Rate	This field collects the set high frequency ventilation rate in Hertz (Hz) = breaths per second. at the timing criteria for Pre-ECLS Ventilator Settings defined above. You can only record a HFV rate if you choose HFV, other HFV or other.	Units of measure is Hertz (Hz) Precision one decimal point Soft Notification: <3 Hz or > 17 Hz Hard Limit: <3 Hz or > 17 Hz	01/01/1989-1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS. Separated conventional and HFV rate.	ECLS.VentSettings	HighFrequencyRate
МАР	This field collects the Mean Airway Pressure (MAP) in centimeters of water at the timing that meets the criteria for 24-hour ECLS Ventilator Settings defined above. The MAP is a measured variable in conventional mechanical ventilation and a set variable in HFOV.	Units of measure is cm H ₂ O Precision whole number Soft Notification: < 10 cm H ₂ O or > 30 cm H ₂ O Hard Limit: < 0 cm H ₂ O or > 60 cm H ₂ O	01/01/1989-1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS	ECLS.VentSettings	МАР

- 1. Collected after the ECLS Start Time
- 2. Collected no less than 18 hours after the ECLS Start Time and no more than 30 hours after ECLS Start Time
- 3. If multiple ventilator settings exist in this time period, choose the Ventilator Settings closest to 24 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/	Table Name	Column Name /
PIP PIP	This field collects the Peak Inspiratory Pressure (PIP), at the timing that meets the criteria for 24-hour ECLS Ventilator Settings defined above. The Peak Inspiratory Pressure (PIP) used in conventional pressure control, pressure regulated volume control, volume control and the Phigh in inverse ratio ventilation such as airway pressure release ventilation.	PIP is displayed for conventional, other HFV, and other Units of measure is cm H ₂ O Precision whole number Soft Notification: < 10 cm H ₂ O or > 45 cm H ₂ O Hard Limit:	Modification 01/01/1989-1/15/2018 collect best value. Amplitude and PIP in same data entry field. 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS. Separated data fields	ECLS.VentSettings	Stored Values PIP
		PIP must be greater than or equal to MAP PIP must be greater than or equal to PEEP < 0 cm H ₂ O or > 80 cm H ₂ O	for PIP and Amplitude.		
Amplitude	This field collects the Amplitude or Delta Pressure (DP), at the timing that meets the criteria for 24-hour ECLS Ventilator Settings defined above. High Frequency Amplitude used in high frequency oscillatory ventilation or other high frequency ventilation or other.	Amplitude is displayed for HFO, other HFV, and other Units of measure is cm H ₂ O Precision whole number Soft Notification: < 30 cm H ₂ O or > 90 cm H ₂ O Hard Limit: < 10 cm H ₂ O	01/01/1989-1/15/2018 collect best value. Amplitude and PIP in same data entry field. 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS. Separated data fields for PIP and Amplitude.	ECLS.VentSettings	PIP

- 1. Collected after the ECLS Start Time
- 2. Collected no less than 18 hours after the ECLS Start Time and no more than 30 hours after ECLS Start Time
- 3. If multiple ventilator settings exist in this time period, choose the Ventilator Settings closest to 24 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
PEEP	This field collects the positive end-expiratory pressure (PEEP) at the timing that meets the criteria for 24-hour ECLS Ventilator Settings defined above. PEEP can only be collected when a patient is in conventional, other high frequency ventilation or other.	PEEP is displayed for displayed for conventional, other HFV, and other Units of measure is cm H ₂ O Precision whole number Soft Notification: < 5 cm H ₂ O or > 25 cm H ₂ O Hard Limit: < 0 cm H ₂ O or > 40 cm H ₂ O	01/01/1989- 1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS	ECLS.VentSettings	PEEP
Hand Bag Valve Ventilation	This field collects if the patient received hand bag valve ventilation through an invasive airway, between 18 hours and 30 hours after ECLS Start Time. Select yes, no or unknown from the drop down menu		01/01/1989- 1/15/2018 collect best value 1/15/2018- present collect value on ECLS closest to 24 hours of ECLS	ECLS.VentSettings	HandBagging 0 = No 1 = Yes -1 = Unknown Missing = "Null"

24-hour ECLS Hemodynamics

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
24-hour ECLS Hemodynamics Date/Time	This field collects the date and time that the Systolic Blood Pressure (SBP), Diastolic Blood Pressure (DBP) and Mean Blood Pressure (Mean BP) were simultaneously collected in accordance with 24-hour ECLS Hemodynamics timing criteria defined above. The Pre-ECLS Hemodynamics Date/Time should refer to the date and time of the Systolic Blood Pressure (SBP), Diastolic Blood Pressure (DBP) and Mean Blood Pressure (Mean BP) which all should be measured at the same time. If a patient has an invasive arterial line that is measuring blood pressure, please report values from the arterial line. If the patient does not have invasive arterial blood pressure monitoring during the specified time period, then use noninvasive blood pressure monitoring values that fall in the correct timeframe. Patient M had an ECLS start time of 03/29/2017 02:00AM He had the following 4 reports of blood pressure. Reported as SBP/DBP (Mean BP) in mm Hg On 03/29/2017 at 7:00PM Arterial BP 60/40 (53) On 03/29/2017 at 11:30 PM Arterial BP 70/40 (58) On 03/30/2017 at 3:00AM Noninvasive BP 62/42 (55) On 03/30/2017 at 8:30AM Arterial BP 80/50 (65) Enter 24-hour Hemodynamics Date/Time 03/29/2017 11:30 PM and enter the Arterial Systolic BP 70 mm Hg, Diastolic BP 40 mm Hg and Mean BP 58 mm Hg. blood pressure on 03/29/2017 at 7:00 PM was 17 hours after the ECLS Start Time and the blood pressure on 03/30/2017 at 8:30AM was 30.5 hour after the ECLS Start Time and therefore both were ineligible. Even though the noninvasive BP was closer to 24 hours after the ECLS Start Time, we prioritized the blood pressure that was arterial and also fell in the window.	Soft Notification: 24-hour ECLS Hemodynamics Date/Time must be no less than 18 hrs AFTER ECLS Start Time and no more than 30 hrs AFTER the ECLS Start Time. Hard Limit: 24-hour ECLS Hemodynamics Date/Time must be AFTER the ECLS Start Time. 24-hour ECLS Hemodynamics Date/Time cannot be earlier than the Date of Birth. 24-hour ECLS Hemodynamics Date/Time cannot be after the Date of Death.	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on non-neonatal patients 12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value. 1/15/2018-present Closest to ECLS start AND pre-ECLS.	ECLS.Hemodynamics	Time

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the systolic blood pressure	Units of measure are mm Hg	01/01/1998-	ECLS.Hemodynamics	SBP
	(SBP) that meets the 24-hour Hemodynamics	Precision: whole number	12/1/2011 data		
	timing criteria defined above.		recommended for		
		Neonate (0-28 days)	collection on		
	Enter the systolic of a single measurement of	Soft Notification:	neonates only though		
	blood pressure. If an arterial blood pressure and	< 30 mm Hg or > 90 mm Hg	it was collected on		
	non-invasive cuff pressure exist, please choose	Hard Limit:	non-neonatal		
	the arterial pressure monitor.	< 0 mm Hg or > 150 mm Hg	patients		
	As this is part of the minimum dataset, if this	Pediatric (29 days – 17 yrs)	12/1/2011-1/15/2018		
	information is unknown or unavailable check the	Soft Notification:	data recommended		
	appropriate box.	< 50 mm Hg or > 180 mm Hg	for all age groups and		
		Hard Limit:	recommended to be		
Systolic BP		< 0 mm Hg or > 250 mm Hg	collected as worst		
Systolic br			value.		
		Adult (≥ 18 yrs)			
		Soft Notification:	1/15/2018-present		
		< 50 mm Hg or > 180 mm Hg	Closest to ECLS start		
		Hard Limit:	AND pre-ECLS.		
		< 0 mm Hg or > 300 mm Hg			
			8/9/2018-present		
		This is part of the minimum	SBP made mandatory		
		dataset because it is	data field if available		
		incorporated into risk	and ECLS duration		
		adjustment models.	greater than or equal		
			to 24 hours,		
			Unavailable/unknown		
			checkbox added		

Field Name Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
This field collects the diastolic blood pressure (DBP) that meets the 24-hour Hemodynamics timing criteria defined above. Enter the diastolic of a single measurement of blood pressure. If an arterial blood pressure and non-invasive cuff pressure exist please choose the arterial pressure monitor. As this is part of the minimum dataset, if this information is unknown or unavailable check the appropriate box.	Units of measure are mm Hg Precision: whole number Neonate (0-28 days) Soft Notification: < 15 mm Hg or > 80 mm Hg Hard Limit: < 0 mm Hg or > 150 mm Hg Pediatric (29 days − 17 yrs) Soft Notification: < 20 mm Hg or > 150 mm Hg Hard Limit: < 0 mm Hg or > 200 mm Hg Adult (≥ 18 yrs) Soft Notification: < 30 mm Hg or > 180 mm Hg Hard Limit: < 0 mm Hg or > 250 mm Hg All Ages Hard Limit: The Diastolic BP cannot be greater than the Systolic BP. This is part of the minimum dataset because it is incorporated into risk adjustment models.	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on non-neonatal patients 12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value. 1/15/2018-present Closest to ECLS start AND pre-ECLS. 8/9/2018-present DBP made mandatory data field if available and ECLS duration greater than or equal to 24 hours, Unavailable/unknown checkbox added	ECLS.Hemodynamics	DBP

Field Name Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
This field collects the mean blood pressure (Mean BP) that meets the 24-hour Hemodynamics timing criteria defined above. Enter the mean of a single measurement of blood pressure. If an arterial blood pressure and non-invasive cuff pressure exist, please choose the arterial pressure monitor. Mean BP	Units of measure are mm Hg Precision: whole number Neonate (0-28 days) Soft Notification: < 20 mm Hg or > 70 mm Hg Hard Limit: < 0 mm Hg or > 150 mm Hg Pediatric (29 days − 17 yrs) Soft Notification: < 30 mm Hg or > 150 mm Hg Hard Limit: < 0 mm Hg or > 200 mm Hg Adult (≥ 18 yrs) Soft Notification: < 30 mm Hg or > 180 mm Hg Hard Limit: < 0 mm Hg or > 250 mm Hg Hard Limit: The Mean BP must be greater than or equal to the Diastolic BP The Mean BP must be less than	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on nonneonatal patients 12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value. 1/15/2018-present Closest to ECLS start AND pre-ECLS.	ECLS.Hemodynamics	MAP

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the mixed venous oxygen saturation (SvO ₂) of the patient's blood that meets the 24-hour Hemodynamics timing criteria defined above.	Wnits of measure % of hemoglobin oxygen saturation Precision: whole number	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on non- neonatal patients	ECLS.Hemodynamics	SvO2
SvO2	Enter the lowest SvO_2 measured, ideally from the right atrium, but it is acceptable to enter SvO_2 from any central line.	Soft Notification: < 20% or > 80 % Hard Limit: < 0 % or > 100 %	12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value.		
			1/15/2018-present Closest to ECLS start AND pre-ECLS.		

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the Pulmonary Capillary Wedge Pressure (PCWP) that meets the 24-hour	Units of measure mm Hg	01/01/1998- 12/1/2011 data recommended for collection	ECLS.Hemodynamics	PCWP
	Hemodynamics timing criteria defined above.	Precision: whole number	on neonates only though it was collected on non-neonatal		
	Enter the highest PCWP measured with an indwelling pulmonary artery catheter.	Neonate (0-28 days) Soft Notification:	patients		
PCWP		< 0 mm Hg or > 30 mm Hg Hard Limit:	12/1/2011-1/15/2018 data recommended for all age		
		< 0 mm Hg or > 100 mm Hg	groups and recommended to be collected as worst value.		
		Pediatric and Adult (> 29 days)			
		Soft Notification:	1/15/2018-present		
		< 0 mm Hg or > 45 mm Hg	Closest to ECLS start AND pre-		
		Hard Limit:	ECLS.		
		< 0 mm Hg or > 100 mm Hg			
	This field collects the Systolic Pulmonary Arterial	Units of measure	01/01/1998- 12/1/2011 data	ECLS.Hemodynamics	SPAP
	Pressure (Systolic PAP) that meets the 24-hour	mm Hg	recommended for collection		
	Hemodynamics timing criteria defined above.	Precision: whole number	on neonates only though it was collected on non-neonatal		
	Enter the highest systolic PAP measured with an indwelling pulmonary artery catheter.	Neonate (0-28 days) Soft Notification:	patients		
		< 5 mm Hg or > 50 mm Hg	12/1/2011-1/15/2018 data		
Systolic PAP		Hard Limit:	recommended for all age		
		< 0 mm Hg or > 100 mm Hg	groups and recommended to be collected as worst value.		
		Pediatric and Adult (> 29 days)			
		Soft Notification:	1/15/2018-present		
		< 5 mm Hg or > 90 mm Hg	Closest to ECLS start AND pre-		
		Hard Limit:	ECLS.		
		< 0 mm Hg or > 150 mm Hg			

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Diastolic PAP	This field collects the Diastolic Pulmonary Arterial Pressure (Diastolic PAP) that meets the 24-hour Hemodynamics timing criteria defined above. Enter the highest diastolic PAP measured with an indwelling pulmonary artery catheter.	Units of measure mm Hg Precision: whole number Neonate (0-28 days) Soft Notification: < 1 mm Hg or > 40 mm Hg Hard Limit: < 0 mm Hg or > 80 mm Hg Pediatric and Adult (> 29 days) Soft Notification: < 2 mm Hg or > 80 mm Hg Hard Limit: < 0 mm Hg or > 130 mm Hg All Ages Hard Limit: Diastolic PAP cannot be greater than Systolic PAP.	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on nonneonatal patients 12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value. 1/15/2018-present Closest to ECLS start AND pre-ECLS.	ECLS.Hemodynamics	DPAP

24-hour ECLS Hemodynamics (continued)

This section details hemodynamic values for a patient closest to 24 hours after the ECLS Start Time. The data must be collected at least 18 hours after the ECLS Start Time and no more than 30 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the Mean Pulmonary Arterial	Units of measure mm Hg	01/01/1998- 12/1/2011 data	ECLS.Hemodynamics	MPAP
	Pressure (Mean PAP) that meets the 24-hour	Precision: whole number	recommended for collection		
	Hemodynamics timing criteria defined above.		on neonates only though it		
		Neonate (0-28 days)	was collected on non-		
	Enter the highest Mean PAP measured with an	Soft Notification:	neonatal patients		
	indwelling pulmonary artery catheter.	< 2 mm Hg or > 45 mm Hg			
		Hard Limit:	12/1/2011-1/15/2018 data		
		< 0 mm Hg or > 85 mm Hg	recommended for all age		
			groups and recommended to		
		Pediatric and Adult (> 29 days)	be collected as worst value.		
Mean PAP		Soft Notification:			
		< 2 mm Hg or > 80 mm Hg	1/15/2018-present		
		Hard Limit:	Closest to ECLS start AND		
		< 0 mm Hg or > 140 mm Hg	pre-ECLS.		
		Hard Limit:			
		The Mean PAP must be greater			
		than or equal to the Diastolic			
		PAP			
		The Mean PAP must be less than			
		or equal to the Systolic PAP			

24-hour ECLS Hemodynamics (continued)

This section details hemodynamic values for a patient closest to 24 hours after the ECLS Start Time. The data must be collected at least 18 hours after the ECLS Start Time and no more than 30 hours after the ECLS Start Time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Cardiac Index	This field collects the cardiac index that meets the 24-hour Hemodynamics timing criteria defined above. Enter the lowest Cardiac Index calculated: Cardiac Output / Body Surface Area = L/min/m² or measured.	Units of measure L/min/m² Precision: one decimal point Soft Notification: < 1 L/min/m² or > 10 L/min/m² Hard Limit: < 0 L/min/m² or > 20 L/min/m²	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on nonneonatal patients 12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value. 1/15/2018-present Closest to ECLS start AND pre-ECLS.	ECLS.Hemodynamics	CI

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Pump flow at 4hrs (L/min)	This field seeks to collect the ECLS blood flow rates at 4 hours after the ECLS Start Time. Enter the pump flow at 4 hours in L/min. Blood Pump Flow rates should be collected closest to 4 hours after the ECLS Start Time. The data should be collected at least 2 hours after the ECLS Start Time and no more than 6 hours after the ECLS Start Time.	Units of measure L/min Precision: three decimal points Neonate (0-28 days) Soft Notification: < 0.100 L/min or > 0.600 L/min Hard Limit: < 0.050 L/min or > 1.5 L/min mm Hg Pediatric and Adult (> 29 days) Soft Notification:	01/01/1998- 12/1/2011 data recommended for collection on neonates only though it was collected on non-neonatal patients 12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value. 1/15/2018-present	ECLS.Runs	PumpFlow4
	This field seeks to collect the ECLS blood flow rates	< 0.500 L/min or > 6 L/min Hard Limit: < 0.050 L/min or > 10 L/min Units of measure	Closest to ECLS start AND pre-ECLS. 01/01/1998- 12/1/2011	ECLS.Runs	PumpFlow24
	at 24 hours after the ECLS Start Time.	L/min Precision: three decimal points	data recommended for collection on neonates only though it was collected on	LCLS.NullS	rumpi low24
Pump flow at 24 hrs (L/min)	Enter the pump flow at 24 hours in L/min. Blood Pump Flow rates should be closest to 4 hours after the ECLS Start Time. The data should be collected at least 22 hours after the ECLS Start Time and no more than 26 hours after the ECLS Start Time.	Neonate (0-28 days) Soft Notification: < 0.100 L/min or > 0.600 L/min Hard Limit: < 0.050 L/min or > 1.5 L/min mm Hg	non-neonatal patients 12/1/2011-1/15/2018 data recommended for all age groups and recommended to be collected as worst value.		
		Pediatric and Adult (> 29 days) Soft Notification: < 0.500 L/min or > 6 L/min Hard Limit: < 0.050 L/min or > 10 L/min	1/15/2018-present Closest to ECLS start AND pre-ECLS.		

ECLS Care					
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Unit where ECLS received	This field is intended to collect the intensive care unit (ICU) where ECLS care was delivered. This is the unit in your hospital where the patient received the majority or most integral aspect of their ECLS care. This variable is added so hospitals can receive ECLS reports clustered by unit. We recommend you give careful consideration to the unit who decided to place the patient on ECLS as patient selection is an important part of ECLS. However, the selection is at the hospital's discretion. Please select one of the following: neonatal, pediatric, pediatric cardiac, adult medicine, adult surgical, adult cardiac, adult cardiovascular, mixed ICU ECLS, emergency department or operating room / catheterization lab.		1/15/2018-present 12/12/2018-present Operating Room added with procedural ECLS prompt	ECLS.Runs	PreSuppICU 0 = Neonatal 1 = Pediatric 2 = Pediatric Cardiac 3 = Adult Medicine ICU 4 = Adult Surgical ICU 5 = Adult Cardiac ICU 6 = Adult Cardiovascular ICU 7 = Mixed 8 = ECLS 9 = Emergency Department 10 = Operating Room / Cath Lab 11 = Burn ICU

ECLS Care (cont	tinued)				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Procedural ECLS	If "Operating Room / Cath Lab" is chosen as the Unit Where ECLS Received, you will be prompted to verify or deny if the ECLS was initiated for the primary indication of supporting patient instability during a procedure. Please select Yes if ECLS was initiated and discontinued in the operating room or catheterization lab for the primary indication of supporting patient instability during a procedure. Please select No if ECLS was either initiated or discontinued in the ICU, if the primary ECLS indication was not to provide patient support during a procedure or if the patient was supported by cardiopulmonary bypass. Patient X is cannulated in the hybrid catheterization lab to support gas exchange during scheduled whole lung lavage. The patient is decannulated prior to returning to the ICU. Please enter Operating Room / Cath Lab as the unit where ECLS received and answer Yes to the confirmatory question. Patient Y is cannulated to V-V ECLS in the CVOR to support repair of a tracheal laceration. Due to continued respiratory failure the patient is transported to the Adult Surgical ICU following repair and ultimately decannulated the next day. Please enter Operating Room / Cath Lab as the unit where ECLS received and answer No to the confirmatory question.	Confirmatory question is mandatory only if Operating Room / Cath Lab is selected as the unit where ECLS was received	12/12/2018-present		0 = No 1 = Yes Without Operating Room / Cath Lab="NULL"

ECLS Care (con	tinued)				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Enteral Feeding Date/Time	This field is collects data on enteral (gut) feeding during ECLS This section is relevant if, during ECLS, enteral feeds started and continued for at least 2 days. This does not need to be full enteral nutrition. Patient X was started on ECLS on 11/20/2017. He started enteral nutrition on 11/21/2017, but it was stopped later on 11/21/2017, and then restarted on 11/24/2017 and continued for the next three days. Enter Date/Time Enteral Feeding 11/24/2017. Patient Y was on enteral feeds prior to ECLS and they were not interrupted for the start of ECLS. Enter date of ECLS Start Time.	Hard Limit: Enteral Feeding Date/Time must be AFTER ECLS Start Time. Enteral Feeding Date/Time cannot be earlier than the Date of Birth. Enteral Feeding Date/Time cannot be after the Date of Death.	1/15/2018-present	ECLS.Runs	EnteralFeeding

ECLS Care (Co	ontinued)				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Level of Mobilization at 7 days	This field collects the level of mobilization for patients 7 days after the ECLS Start Time using the ICU Mobility Scale. Tipping CJ, Bailey MJ, Bellomo R, et al: The ICU Mobility Scale Has Construct and Predictive Validity and Is Responsive. Ann Am Thoracic Soc. 13 (6): 887-93, 2016. This field is only intended for patients who are 8 years old or older. Whether the patient is on ECLS or off ECLS please fill this out 7 days after ECLS Start Time. O Nothing (lying in bed) Passively rolled or passively exercised by staff, but not actively moving 1 Sitting in bed, exercises in bed Any activity in bed, including rolling, bridging, active exercises, cycle ergometry and active assisted exercises; not moving out of bed or over the edge of the bed 2 Passively moved to chair (no standing) Hoist, passive lift or slide transfer to the chair, with no standing or sitting on the edge of the bed 3 Sitting over edge of bed May be assisted by staff, but involves actively sitting over the side of the bed with some trunk control 4 Standing Weight bearing through the feet in the standing position, with or without assistance. This may include use of a standing lifter device or tilt table 5 Transferring bed to chair Able to step or shuffle through standing to the chair. This involves actively transferring weight from one leg to another to move to the chair. If the patient has been stood with the assistance of a medical device, they must step to the chair (not included if the patient is wheeled in a standing lifter device) 6 Marching on spot (at bedside) Able to walk on the spot by lifting alternate feet (must be able to step at least 4 times, twice on each foot), with or without assistance 7 Walking with assistance of 1 person Walking away from the bed/chair by at least 5 m (5 yards) assisted by 2 or more people 8 Walking with assistance of 1 person Walking away from the bed/chair by at least 5 m (5 yards) with a gait aid, but no assistance from another person. In a wheelchair bound person, this activity level includes wh		1/15/2018- present	ECLS.Runs	LevelofMobilization

CLS Care (Co	ontinued)				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the maximum level of mobilization for ECLS patients achieved while		1/15/2018-	ECLS.Runs	MaxLevelofMobilization
	they were on ECLS using the ICU Mobility Scale.		present		
	Tipping CJ, Bailey MJ, Bellomo R, et al: The ICU Mobility Scale Has Construct and				
	Predictive Validity and Is Responsive. <i>Ann Am Thoracic Soc.</i> 13 (6): 887-93, 2016.				
	This field is only intended for patients who are 8 years old or older. Please use the				
	below scale to record the maximum level of mobilization during ECLS.				
	O Nothing (lying in bed) Passively rolled or passively exercised by staff, but not actively				
	moving 1 Sitting in bed, exercises in bed Any activity in bed, including rolling, bridging, active				
	exercises, cycle ergometry and active assisted exercises; not moving out of bed or over				
	the edge of the bed				
	2 Passively moved to chair (no standing) Hoist, passive lift or slide transfer to the chair,				
	with no standing or sitting on the edge of the bed				
	3 Sitting over edge of bed May be assisted by staff, but involves actively sitting over the				
	side of the bed with some trunk control				
Maximum	4 Standing Weight bearing through the feet in the standing position, with or without				
	assistance. This may include use of a standing lifter device or tilt table				
Level of	5 Transferring bed to chair Able to step or shuffle through standing to the chair. This				
Mobilization	involves actively transferring weight from one leg to another to move to the chair. If the				
during ECLS	patient has been stood with the assistance of a medical device, they must step to the				
	chair (not included if the patient is wheeled in a standing lifter device)				
	6 Marching on spot (at bedside) Able to walk on the spot by lifting alternate feet (must				
	be able to step at least 4 times, twice on each foot), with or without assistance				
	7 Walking with assistance of 2 or more people Walking away from the bed/chair by at least 5 m (5 yards) assisted by 2 or more people				
	8 Walking with assistance of 1 person Walking away from the bed/chair by at least 5 m				
	(5 yards) assisted by 1 person				
	9 Walking independently with a gait aid Walking away from the bed/chair by at least 5				
	m (5 yards) with a gait aid, but no assistance from another person. In a wheelchair				
	bound person, this activity level includes wheeling the chair independently 5 m (5 years)				
	away from the bed/chair				
	10 Walking independently without a gait aid Walking away from the bed/chair by at				
	least 5 m (5 yards) without a gait aid or assistance from another person.				
	Patient M was placed on ECMO on 01/01/2017. She came off ECMO on 01/05/2017 and				
	was still intubated. On 01/04/2017 she achieved her maximum ECMO mobilization. She				
	passively moved to chair. Her Maximum Level of Mobilization during ECLS = 2.				

6. Modes and Cannulations

In this section please detail the initial ECLS Mode and Cannulas as well as any cannula additions or replacements or mode conversions during the run.

Initial Mode Information

In the Initial Mode, please specify the run start time and stop date/time.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Initial ECLS Mode Start Date/Time	This field collects the ECLS Start Time for a given ECLS Run. If this is the patients Run No 1, then this information is automatically populated from the ECLS start time in the First Run Information. If this is Run No > 1, then you will need to Enter the Date/Time (DD/MM/YYYY HH:MM) ECLS was initiated. This specifically refers to the time that blood flow was established through the ECLS circuit and cannulas. VAD circuits that have an oxygenator: the initial start time of ECLS is the time the oxygenator was added. Patient X required ECLS post-cardiotomy on 02/16/2917 at 09:00AM, Run No 1. He recovered, was sent to the floor and had a cardiac arrest requiring ECPR on 03/15/2017 at 10:00 AM, Run No 2 during the same hospitalization. You are now entering ECLS data for Run No 2. Please enter Initial ECLS Mode Start Date/Time for Run No 2 03/15/2017 10:00 AM.	Hard Limit Time On cannot be earlier than the Date of Birth. Time On cannot be after than the Date of Death.	01/01/1989 - present	ECLS.RunDet ails and ECLS.Runs	StartTime and TimeOn

	de Information (continued) Mode, please specify the run start time, stop date/time and ECLS Mode.				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Initial Mode Stop Date/Time	This field collects the ECLS Stop Date/Time for a given ECLS Run. Enter the Date/Time the initial ECLS mode ended. If only one mode occurred then this will also be the ECLS end time. The ECLS end time specifically refers to the time that ECMO flow is stopped for final time during a given run. An ECLS run ends when ECLS cannulas are removed (unless cannulas are left in place to facilitate non-ECLS support such as VAD support) AND ECLS is discontinued for a time period greater than 12 hours. However, when a VAD is in use, cannulas may be left in once the oxygenator is removed. The Initial Mode Stop date/time is the removal of the oxygenator, and that oxygenator removal is for a time period greater than 12 hours. Temporary transition of ECLS Support to cardiopulmonary bypass (CPB) for cardiac surgery would not encompass an additional run. Changes in "ECLS Mode" such as from VA to VV do not constitute a new run in isolation. Patient X required ECPR on 03/15/2017 at 10:00 AM, Run No 2 during the same hospitalization. The ECLS circuit was cut away with cannulas left in on 03/19/2017 at 10:00AM but he went back on ECLS support on 03/19/2017 at 23:00. On 03/21/2017 at 09:00 AM he was again cut away from ECLS with cannulas left in. Cannulas removed the following day 03/22/2017 at 11:00 AM. Initial Mode Stop Date/Time for Run No 2 enter 03/21/2017 at 09:00. When cannulas were left in but support was restarted 13 hours later, this is not considered a new Run (see Run No under Run Information for more details). Patient Y has been supported by RVAD since 10/5/2018. Due to new-onset respiratory failure, an oxygenator was placed in line on 2/12/2019 at 10:30 and removed 2/20/2019 at 22:15. The patient was ultimately removed from all mechanical circulatory support 4/8/2019 during successful heart transplant. ECLS Start Date/Time should be 2/12/2019 10:30 and ECLS Stop Date/Time should be 2/20/2019 22:15	Soft Notification: Time off is not usually after the Date of Death. This run is longer than 30 days. It is okay to have a run longer than 30 days, but please check the ECLS start and stop times. Hard Limit Time Off cannot be earlier than the Date of Birth. Time Off cannot be before Time On. The Time Off must be before any conversion mode Time On	01/01/1989 - present	ECLS.RunDet ails ECLS.Runs	EndTime and TimeOff

Mode and Cannulations

This section details the ECLS mode and cannulae associated with this specific Run Detail. You will select "Add New Cannula" for each new cannula placed and "Replace This Cannula" for each cannula replaced (if applicable)

This field defines the mode of drainage and return of blood in the extracorporeal system. This is a required field. Stored V This field defines the mode of drainage and return of blood in the extracorporeal system. This is a required field. Select the primary cannulation configuration even if multiple cannulas are placed. VP Mode only if there are two run detail records the first having VV Venovenous support is the application of extracorporeal circulation Rules Modification O1/01/1989 - CLS.RunDetails (Reporting Notes: 1. We will consider a Run VV à VA if and only if there are two run detail records the first having VV 1 = VA	Cariffula 101 C	ach cannula replaced (if applicable).		T		
extracorporeal system. This is a required field. Select the primary cannulation configuration even if multiple cannulas are placed. VP Mode a Run VV à VA if and only if there are two run detail records VV: Venovenous support is the application of extracorporeal circulation (Reporting Notes: 1. We will consider a Run VV à VA if and only if there are two run detail records the first having VV 1 = VA	Field Name	Definition / Explanation / Example	•	7	Table Name	Column Name / Stored Values
blood from the venous system and reinfuses into the venous system (or pre- lung). VV ECMO operates in series with the heart and lungs and does not VA. 3 = VVA 4 = AVCO2F	ECLS Mode	extracorporeal system. This is a required field. Select the primary cannulation configuration even if multiple cannulas are placed. W: Venovenous support is the application of extracorporeal circulation primarily for respiratory support, in which the extracorporeal circuit drains blood from the venous system and reinfuses into the venous system (or prelung). VV ECMO operates in series with the heart and lungs and does not provide bypass of these organs. VA: Venoarterial is the application of extracorporeal circulation often for cardiac or circulatory support, in which the extracorporeal circuit drains blood from the venous system and returns into the systemic arterial system. Without qualification, VA ECMO refers to support that returns blood to the systemic arterial system, operating in parallel with and providing partial, or complete, bypass of the heart and lungs. VVA Venovenoarterial is a hybrid configuration of VV and VA extracorporeal support in which the extracorporeal circuit drains blood from the venous system and reinfuses into both the venous and systemic arterial systems. VVA ECMO provides both pulmonary (VV component) and cardiac support (VA component) in patients with combined cardiopulmonary failure. VP: Venopulmonary is the application of extracorporeal circulation for combined respiratory and right heart support in which the extracorporeal circuit drains blood from the venous system and reinfuses into the pulmonary artery. VP ECMO provides partial or complete bypass of the right heart but operates in series with the lungs. Conrad, S, et al (2018) The Extracorporeal Life Support Organization Maastricht treaty for nomenclature in extracorporeal life support. Am J Respir	Truics	01/01/1989 - present VP Mode 07/12/2020	(Reporting Notes: 1. We will consider a Run VV à VA if and only if there are two run detail records the first having VV the second having VA. 2. We will consider a Run VA à VV if and only if there are two run detail records the first having VA and the second having VV 3. Any situation having more than 2 run details with different values of Mode will be considered as Support Mode =	Mode (See ECLS.ModeCodes for X-Walk table) 1 = VA 2 = VV 3 = VVA 4 = AVCO2R 5 = VVECCO2R 6 = VP

This section details the ECLS mode and cannulae associated with this specific Run Detail. You will select "Add New Cannula" for each new cannula placed and "Replace This Cannula" for each cannula replaced (if applicable)

Cannula" for ea	ach cannula replaced (if applicable).				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
ECLS Mode (cont'd)	Broman LM, et al (2019) The ELSO Maastricht Treaty for ECLS nomenclature: abbreviations for cannulation configuration in extracorporeal life support. A position paper of the Extracorporeal Life Support Organization. Crit Care 23(1), 36. Doi: 10.1186/s13054-019-2334-8. AVCO ₂ R Arteriovenous carbon dioxide removal (AVCO ₂ R) is the provision of pumpless carbon dioxide exchange through the use of an extracorporeal circuit consisting of an artificial lung, and venous and arterial vascular access cannulas using lower blood flows. Blood flow is driven by the patient's arterio-venous pressure gradient. VV ECCO ₂ R Venovenous extracorporeal carbon dioxide removal (VV CO ₂ R) is the provision of carbon dioxide exchange through the use of an extracorporeal circuit consisting of a blood pump, artificial lung, and venovenous vascular access cannulas using lower blood flows.				
	Other Indicates a support not listed				
	Unknown				
	Patient W , a 10-year old requiring ECMO for respiratory support was placed with a dual-lumen ECMO cannula in the right internal jugular vein, and a second single lumen draining cannula. Choose VV .				
	Patient X , returns from the Cardiovascular Operating Room (CVOR) after scheduled RVAD implantation (right atrium to pulmonary artery). Because the patient's implantation was complicated by pulmonary hemorrhage, the patient requires an oxygenator to be placed in line with the RVAD circuit. Choose VP .				

This section details the ECLS mode and cannulae associated with this specific Run Detail. You will select "Add New Cannula" for each new cannula placed and "Replace This

Cannula" for each cannula replaced (if applicable).

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field records if the specific cannula on which you are entering data was placed percutaneously.		05/01/1998 - present	ECLS.Cannulations	Percutaneous 0 = No 1 = Yes
Percutaneous	If the cannula was placed percutaneously (without incision and dissection of the vessel), then select yes from the drop down.				-1 = Unknown
	Patient Y had a cut down to expose the vessel, then the vessel was accessed with a needle and Seldinger technique was used to place				
	the cannula. Select No from dropdown for Percutaneous.				
	This field records if the cannula on which you are entering detail was pre-existing.		10/01/2016 - Present	ECLS.Cannulations	Preexisting 0 = No 1 = Yes
	Select if this cannula was already present at the beginning of this run.				-1 = Unknown
Pre-Existing	Patient G is converted from VV to VA ECMO. The venous drain				
FIE-EXISTING	cannula is the one that was placed for the first run detail and is still in				
	place for this run detail. The arterial return cannula would be the new				
	cannula placed. Select pre-existing for the venous cannula, but not				
	for the newly placed arterial cannula. Patient Y was transferred to your institution on ECLS. The cannulae				
	were pre-existing.				
	This field collects the manufacturer name for a given cannula.		09/1993 - present	ECLS.Manufacturers	ManufacturerID, Name
Manufacturer	Select the manufacturer name from the drop down box. This will				
	generate the specific devices associated with that manufacturer. If the manufacturer and/or device is not listed, please email ELSO at				
	RegistrySupport@elso.org.				
	This field collects model/name and size of cannula.		09/1993 - present	ECLS.Cannulations	CannulationId
Cannula	Every cannula that is connected to the ECLS circuit should be listed. This includes reperfusion cannulas that may direct a small amount of return blood to a distal limb.				(tracked using RunDetailId) This is where initial mode conversion
					information is stored)

This section details the ECLS mode and cannulae associated with this specific Run Detail. You will select "Add New Cannula" for each new cannula placed and "Replace This Cannula" for each cannula replaced (if applicable).

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Site	Select from the drop down box the site in which the cannula was placed. Includes: RCCA – Right Common Carotid Artery LCCA – Left Common Carotid Artery RIJV – Right Internal Jugular Vein RIJVC – Right Internal Jugular Vein Cephalic LIJV – Left Internal Jugular Vein RFA – Right Femoral Artery LFA - Left Femoral Artery LFV – Left Femoral Vein LFV – Left Femoral Vein RA – Right Atrium LA – Left Atrium LV – Left Veltricle LPV – Left Pulmonary Vein PA – Pulmonary Artery Aorta LSA – Left Subclavian Artery LSV – Left Subclavian Vein RSA – Right Subclavian Vein RAA – Right Axillary Artery LAA – Left Axillary Artery LA – Left Posterior Tibial Artery LPTA – Left Posterior Tibial Artery RSFA – Right Superficial Femoral Artery LSFA – Left Superficial Femoral Artery Other – Indicates a vessel not listed		01/01/1989 – present 10/31/2018 – present RPTA, LPTA, RSFA, LSFA added	ECLS.Cannulations	SiteId 0 = Unknown 1 = Aorta 2 = LA 3 = LCCA 4 = LFA 5 = LFV 6 = LIJV 8 = PA 9 = RA 10 = RCCA 11 = RFA 12 = RFV 13 = RIJV 14 = RIJVC 15 = LSA 16 = LSV 17 = RSA 18 = RSV 19 = LPV 20 = LV 21 = RAA 22 = LAA 23 = IA 24 = RPTA 25 = LPTA 26 = RSFA 27 = LSFA 99 = Other

This section details the ECLS mode and cannulae associated with this specific Run Detail. You will select "Add New Cannula" for each new cannula placed and "Replace This

Cannula" for each cannula replaced (if applicable).

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Drainage	This field records if the cannula was used to drain blood from the body. Click the box if the cannula was used specifically to drain blood from the patient to the ECLS pump.		10/01/2016 – present	ECLS.Cannulations	Drainage 0 = No 1 = Yes
New Device Start Time	This field collects the start date and time for each cannula use.		01/13/2020 - present	ECLS.Cannulations	StartTime
New Device End Time	This field collects the end date and time for each cannula use	Soft Notification: Cannulation Start Time is not usually before run Time On or after Run Time Off. Selecting the checkbox, if applicable, avoids redundancy of data entry.	01/13/2020 - present	ECLS.Cannulations	EndTime
Cannula(s) Used for Entire ECLS Mode and Run	If the start and end times of the new cannula are the same as the time on and time off ECLS for that ECLS mode and run, select the appropriate checkbox.	Selecting the checkbox, if applicable, avoids redundancy of data entry.	01/13/2020 - present	ECLS.Cannulations	StartEndAsRun 0 = NULL 1 = Checkbox selected

This section details the ECLS mode and cannulae associated with this specific Run Detail. You will select "Add New Cannula" for each new cannula placed and "Replace This Cannula" for each cannula replaced (if applicable).

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the primary reason for cannula replacement, if applicable.		01/13/2020 - present	ECLS.Cannulations	ReplaceReasonId Lookup Table:
	Select from the drop-down box the primary reason for cannula replacement (removal of old cannula and addition of new cannula):				ECLS.CannulaReplacement Codes 1 = Thrombosis,
	Thrombosis: Cannula exchanged primarily due to clot burden within the cannula				2 = Hemolysis, 3 = Cannula(s) removed for attempted ECLS
	Hemolysis: Cannula exchange primarily indicated by center- specific markers of hemolysis (for example, plasma free hemoglobin, lactate dehydrogenase, haptoglobin or bilirubin) believed to be related to cannula selection or position				separation, 4 = Change in cannulation strategy, 5 = Structural integrity 6 = Other
Device Replacement Reason	Cannula(s) removed for attempted ECLS separation: Cannulas removed for expected recovery or trial separation (with new cannulas replaced within 12 hours during the same ECLS run)				6 = Other
	Change in cannulation strategy: Cannulas exchanged due to change in cannulation site(s) during a single ECLS run and mode (for example, change from thoracic to neck cannulation during a V-A ECLS run)				
	Structural integrity: cannula exchanged for impaired structural inegrity				
	Other				

Mode Conversion

Some patients will have multiple 'Conversions' during a given Run. A new 'Conversion' is required when and only when there is a change from one mode to another mode within a single ECLS run. In the **Conversion** section you can document the addition or removal of ECLS cannulas. Temporary transition of ECLS Support to cardiopulmonary bypass (CPB) for cardiac surgery would not encompass an additional run or new run detail unless there was a conversion in the ECLS mode.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Conversion Mode Start Date/Time	Enter the Date/Time ECLS mode was initiated. This specifically refers to the time that blood flow was established through the newly placed cannulas.	Hard Limit Conversion Start Date/Time cannot be BEFORE the Date of Birth. Conversion Start Date/Time cannot be BEFORE Time On. Conversion Start Date/Time cannot be BEFORE the Initial Mode Stop Date/Time. Conversion Start Date/Time cannot be more than 12 hours after the previous Mode Stop Time Conversion Start Date/Time cannot be more than 12 hours after the previous Mode Stop Time Conversion Start Date/Time cannot be before Initial or Previous Mode Stop Time.	01/01/1989 – 10/01/2016 as a check box for VV to VA. Specific date/time of conversion collected as a run detail 01/20/2017 10/01/2016- 01/20/2017 collected as 'other'	ECLS.RunDetails And ECLS.Runs	StartTime in ECLS.RunDetails table

Mode Conversion (continued)

Some patients will have multiple 'Conversions' during a given Run. A new 'Conversion' is required when and only when there is a change from one mode to another mode within a single ECLS run. In the **Conversion** section you can document the addition or removal of ECLS cannulas. Temporary transition of ECLS Support to cardiopulmonary bypass (CPB) for cardiac surgery would not encompass an additional run or new run detail unless there was a conversion in the ECLS mode.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Conversion Mode Stop Date/Time	Enter the Date/Time the ECLS mode ended. If this is the final mode then it will also be the ECLS end time. The ECLS end time specifically refers to the time that the cannulas are removed (unless cannulas are left in place to facilitate non-ECLS support such as VAD support). The final ECLS stop time may also refer to the date/time a patient was transported out of your institution on ECLS.	Soft Notification: Stop Date/Time is not usually after the Date of Death. Hard Limit Stop Date/Time cannot be earlier than the Date of Birth. Stop Date/Time cannot be before Time On.	01/01/1989 – 10/01/2016 as a check box for VV to VA. Specific date/time of conversion collected as a run detail 01/20/2017 10/01/2016- 01/20/2017 collected as 'other'	ECLS.Runs ECLS.Runs	EndTime TimeOff

Mode Conversion (continued)

Some patients will have multiple 'Conversions' during a given Run. A new 'Conversion' is required when and only when there is a change from one mode to another mode within a single ECLS run. In the **Conversion** section you can document the addition or removal of ECLS cannulas. Temporary transition of ECLS Support to cardiopulmonary bypass (CPB) for cardiac surgery would not encompass an additional run or new run detail unless there was a conversion in the ECLS mode.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Conversion Mode	For a new conversion you must enter a new ECLS mode. It cannot be the same as the immediately previous mode or it is not a conversion. Please select V-V, V-A, V-VA, A-VCO2R, V-V ECCO2R as described in ECLS Mode in First Run Information.	Hard Limit Conversion Mode will NOT allow 2 of the same modes in a row	01/01/1989 – 10/01/2016 as a check box for VV to VA. Specific date/time of conversion collected as a run detail 01/20/2017 10/01/2016-01/20/2017 collected as 'other'	ECLS.RunDetails (Reporting Notes: 1. We will consider a Run VV à VA if and only if there are two run detail records the first having VV the second having VA. 2. We will consider a Run VA à VV if and only if there are two run detail records the first having VA and the second having VV 3. Any situation having more than 2 run details with different values of Mode will be considered as Support Mode = Other }	Mode (See ECLS.ModeCodes for X-Walk table) 1 = V-A 2 = V-V 3 = V-VA 4 = A-VCO2R 5 = V-VECCO2R 0 = Unknown 9 = Other

7. EQUIPMENT

This section details the equipment the patient was on during the ECMO Run.

Membrane Lung

Please specify details regarding membrane lung use, including membrane lung replacements or additions

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Membrane Lung	This field collects the type of membrane lung a patient has. A membrane lung is a gas exchange device for transfer of oxygen and carbon dioxide by diffusion across a membrane between a blood phase and a gas phase. Select from the drop-down box the manufacturer. This will generate the specific devices associated with that manufacturer. If the manufacturer and/or device is not listed, please email ELSO at RegistrySupport@elso.org .		01/01/1989 - present	ECLS.Equipments Lookup Table: ECLS.Membrane Lungs	MembraneLungId and Name
Replace existing Membrane Lung	Selecting this field denotes thatthe existing Membrane Lung was replaced with a new Membrane Lung, please enter new membrane lung details.		01/13/2020 - present	ECLS.Equipment History	AddedReplaced
Add adddional concurrent Membrane Lung	This selection denotes that MORE THAN ONE Membrane Lung are used concurrently. If additional membrane lung(s) are added to the ECLS circuit for concurrent use, please enter details of additional membrane lung(s) added.		01/13/2020 - present	ECLS.Equipment History	DeviceId
New Device Start Time	This field collects the start date and time for each membrane lung used.		01/13/2020 - present	ECLS.Equipment History	StartTime
New Device End Time	This field collects the end date and time for each membrane lung used.		01/13/2020 - present	ECLS.Equipment History	EndTime

Membrane Lung (continued)

Please specify details regarding membrane lung use and replacement

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field collects the primary reason for membrane lung	Mandatory field only if	01/13/2020 -	ECLS.Equipment	ReplaceReasonId
	replacement, if applicable.	membrane lung was	present	History	
		replaced during the run	10/17/2021 –		Lookup table:
	Select from the drop-down box the primary reason for		present		ECLS.
	membrane lung replacement (removal of old membrane lung	12/01/2021-present	Additional		MembraneLungReplace
	and addition of new membrane lung):	If structural integrity,	validation added		mentCodes
		decreased efficiency of gas	requiring		
	Structural integrity: Membrane lung exchanged for suspected	exchange, increasing	complication to		1 = Structural integrity,
	impaired structural integrity such as suspected plasma or blood	resistance to blood flow or	be present if the		2 = Decreased
	leak, etc.	obstruction to blood flow	reason for		efficiency of gas
	Decreased efficiency of gas exchange: Membrane lung	are selected as the reason	equipment		exchange,
	exchanged for the primary reason of compromised oxygenation	for membrane lung	exchange is		3=Acute obstruction to
	and/or ventilation. This is typically a consequence of clot	exchange, a complication	indicative of		blood flow,
	burden over time.	of oxygenator failure must	equipment		4=Increasing reisitance
	Acute obstruction to blood flow: Membrane lung exchanged in	be entered within 4 hours	failure.		to blood flow
	response to a sudden loss or clinically significant decrease in	of the equipment			5 = Coagulopathy with
Device	blood flow resulting in emergent equipment exchange.	exchange if ECMO Stop			membrane lung as
Replacement	Increasing resistance to blood flow: Membrane lung	Date/Time or Date/Time of			known source,
Reason	exchanged in response to increasing trans-membrane	Death is not within 4 hours			6 = Hemolysis with
	pressures or decreasing blood flow of over time.				membrane lung as
	Coagulopathy with membrane lung as known source: Device	If equipment longevity /			known source,
	exchange primarily indicated by clot burden or coagulation	center protocol, entire			7 = Equipment
	derangement within the membrane lung.	circuit replaced due to			longevity / center
	Hemolysis with membrane lung as known source: Device	indicated component			protocol
	exchange primarily indicated by center-specific markers of	change, transition to			8 = Entire circuit
	hemolysis (for example, plasma free hemoglobin, lactate	bypass, entire circuit			replaced due to
	dehydrogenase, haptoglobin or bilirubin) believed to be related	replaced due to hemolysis			indicated
	to the membrane lung.	of unknown source or			component(s)
	Entire circuit replaced due to hemolyis of unknown source:	entire circuit replaced due			change
	The entire circuit was exchanged due to center-specific markers				9 = Entire circuit
	of hemolysis (for example, plasma free hemoglobin, lactate	unknown source, a			replaced following
	dehydrogenase, haptoglobin or bilirubin) of unspecified source.	membrane lung failure			temporary
	Entire circuit replaced due to coagulopathy of unknown	associated with this			transition to bypass
	source: The entire circuit was exchanged due to clot burden	equipment exchange must			10 = Entire circuit
	or coagulation derangement of unspecified source.				replaced due to

Equipment longevity / center protocol	Device exchange not be en	tered <u>at that</u>	hemolysis of
indicated by center-specific protocol re	garding longevity of use <u>time</u> .		unknown source
without evidence of other derangemen	t. May be due to		11 = Entire circuit
transition to or from a transport ECLS c	rcuit.		replaced due to
Entire circuit replaced due to indicated	component(s) change:		coagulopathy of
Device was exchanged as part of whole	circuit exchange		unknown source
primarily for an indication specific to a	circuit component other		12 = Other
than the membrane lung			
Entire circuit replaced following tempor	rary transition to		
bypass: Device exchanged during whole	circuit exchange		
following temporary transition of patie	nt mechanical support o		
cardiopulmonary bypass within a contin	uous ECLS run		
Other			

Blood Pump Please specify details regarding blood pump use, including blood pump replacements or additions Column Name / Collection/ Field Name Definition / Explanation / Example **Data Entry Rules Table Name** Modification Stored Values The blood pump is a mechanical device, typically powered by 01/01/1989 **ECLS.**Equipments Pumpld and Name an electric drive motor, that produces blood flow by creating a - present hydrodynamic pressure gradient between an inlet and outlet Lookup Table: ECLS.Pumps port. **Blood Pump** Select from the drop-down box the manufacturer. This will generate the specific devices associated with that manufacturer. If the manufacturer and/or device is not listed, please email ELSO at RegistrySupport@elso.org. Selecting this field denotes thatthe existing Blood Pump was 01/13/2020 ECLS.Equipment AddedReplaced replaced with a new Blood Pump, please enter new membrane - present History Replace lung details.. existing Blood Pump

Blood Pump (continued)

Please specify details regarding blood pump use, including blood pump replacements or additions

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Add adddional concurrent Blood Pump	This selection denotes that MORE THAN ONE Blood Pump are used concurrently. Blood Pump(s) are added to the ECLS circuit for concurrent use, please enter details of additional membrane lung(s) added.		01/13/2020 - present	ECLS.Equipment History	DeviceId
New Device Start Time	This field collects the start date and time for each membrane lung used.		01/13/2020 - present	ECLS.Equipment History	StartTime
New Device End Time	This field collects the end date and time for each membrane lung used.		01/13/2020 - present	ECLS.Equipment History	EndTime
Device Replacement Reason	This field collects the primary reason for blood pump replacement, if applicable. Select from the drop-down box the primary reason for blood pump replacement (removal of old blood pump and addition of new blood pump): Mechanical replacement: Blood pump replaced for failure or presumed failure of normal mechanical operation Obstruction to blood flow: Device exchange primarily indicated by clot burden within the blood pump resulting in clinically significant decrease in blood flow. Hemolysis with blood pump as known source: Device exchange primarily indicated by center-specific markers of hemolysis (for example, plasma free hemoglobin, lactate dehydrogenase,	Mandatory field only if membrane lung was replaced during the run 12/01/2021 – present If mechanical replacement was selected, a blood pump failure complication must be entered	01/13/2020 - present 11/04/2021 - present	ECLS.Equipment History	ReplaceReasonId Lookup table: ECLS. BloodPumpReplaceme ntCodes 1 = Mechanical replacement 2 = Obstruction to blood flow 3 = Hemolysis with blood pump as known source

Entire circuit replaced following temporary transition to bypass: Device exchanged during whole circuit exchange following temporary transition of patient mechanical support o cardiopulmonary bypass within a continuous ECLS run Other	haptoglobin or bilirubin) believed to be related to the blood pump. Equipment longevity / center protocol: Device exchange indicated by center-specific protocol regarding longevity of use without evidence of other derangement. May be due to transition to or from a transport ECLS circuit. Entire circuit replaced due to indicated component(s) change: Device was exchanged as part of whole circuit exchange primarily for an indication specific to a circuit component other than the blood pump Entire circuit replaced due to hemolyis of unknown source: The entire circuit was exchanged due to center-specific markers of hemolysis (for example, plasma free hemoglobin, lactate dehydrogenase, haptoglobin or bilirubin) of unspecified source. Entire circuit replaced due to coagulopathy of unknown source: The entire circuit was exchanged due to clot burden	4 = Equipment longevity / center protocol 5 = Entire circuit replaced due to indicated component(s) change 6 = Entire circuit replaced following temporary transition to bypass 7 = Other 8 = Entire circuit replaced due to hemolysis of unknown source 9 = Entire circuit
The entire circuit was exchanged due to clot burden or coagulation derangement of unspecified source. Entire circuit replaced following temporary transition to bypass: Device exchanged during whole circuit exchange following temporary transition of patient mechanical support o cardiopulmonary bypass within a continuous ECLS run	dehydrogenase, haptoglobin or bilirubin) of unspecified source.	replaced due to
or coagulation derangement of unspecified source. Entire circuit replaced following temporary transition to bypass: Device exchanged during whole circuit exchange following temporary transition of patient mechanical support o cardiopulmonary bypass within a continuous ECLS run 9 = Entire circuit replaced due to coagulopathy of unknown source	, , ,	•
bypass: Device exchanged during whole circuit exchange following temporary transition of patient mechanical support o cardiopulmonary bypass within a continuous ECLS run	or coagulation derangement of unspecified source.	
cardiopulmonary bypass within a continuous ECLS run		•
	- ' '	unknown source

Field Name	Definition / Explanation / Example	Data Entry	Collection/	Table Name	Column Name /
Tiela Name	Definition / Explanation / Example	Rules	Modification	Table Name	Stored Values
	The heat exchanger is a device which transfers heat between a recirculating		01/01/1989 -	ECLS.Equipments	HeatExchangerId and
	water phase and the blood phase of the ECLS circuit. The heat exchanging		10/15/2020		Name
	material is usually metal or plastic. Modern artificial membrane lungs have			Lookup Table:	
	heat exchangers integrated into their design.		Equipment	ECLS.HeatExchan	
			category was	gers	
Heat	Select from the drop-down box the manufacturer. This will generate the		retired		
Exchanger	specific devices associated with that manufacturer. If the manufacturer		10/15/2020		
	and/or device is not listed, please email ELSO at RegistrySupport@elso.org.		with		
			preservation		
			of historical		
			data.		

Temperature Regulation Please specify details regarding the temperature regulation device the patient was on for the majority of the ECMO Run									
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values				
Temperature Regulation	The temperature regulation device is device that pumps temperature-controlled water to the heat exchanger via lines connecting the heat exchanger and the Temperature Regulation unit. It is often referred to as a recirculating water bath. Setting the temperature in this unit ultimately controls the patient's blood and systemic temperature.		01/01/1989 - present	ECLS.Equipments Lookup Table: ECLS.Temperatur eRegulations	TemperatureRegulation Id and Name				
	Select from the drop-down box the manufacturer. This will generate the specific devices associated with that manufacturer. If the manufacturer and/or device is not listed, please email ELSO at RegistrySupport@elso.org .								

Hemofilter	Hemofilter										
Please specify do	Please specify details regarding the hemofilter the patient was on for the majority of the ECMO Run										
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values						
Hemofilter	Select from the drop-down box the manufacturer. This will generate the specific devices associated with that manufacturer. If the manufacturer and/or device is not listed, please email ELSO at RegistrySupport@elso.org .		01/01/1989 - present	ECLS.Equipments Lookup Table: ECLS.Hemofilters	HemofilterId and Name						

8. DIAGNOSES

This section details the diagnoses associated with the patient placed on ECLS. Diagnoses are listed as ICD-10 codes. Starting entry of the first 3 characters of the code will auto populate the codes, allowing you to select the exact code required. There is no limit to the diagnoses you may enter. Typically, diagnosis that are pertinent to the specific admission for ECLS are entered. Chronic conditions may also be included. Diagnoses after ECLS may also be added, including those associated with discharge and/or death.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/	Table Name	Column Name /
Primary Diagnosis	Click box to note the primary diagnosis for why the patient was placed on ECLS. For example, if a Patient X was a previously healthy person admitted to the ICU with pneumonia and secondary acute respiratory distress syndrome, the diagnosis for which ECLS was needed would be pneumonia. If Patient Y had biventricular congestive heart failure and developed a pneumonia that exacerbated his heart failure leading to cardiac ECLS support for acute on chronic respiratory failure, then the primary diagnosis would be acute on chronic respiratory failure with a secondary diagnosis of pneumonia. If Patient Z had AML and developed adenoviral pneumonia as a result, leading to a need for respiratory ECMO, then the primary diagnosis would be	Data Entry Rules	Modification 01/01/1989- present On 09/15/2016 It changed from ICD 9 to ICD 10	Table Name ECLS.Diagnoses	Stored Values PrimaryDiagnosis 0 = No 1 = Yes
Diagnoses	pneumonia with AML as a secondary diagnosis. The difference in case Y and Z is the reason for ECMO; in Patient Y, the patient required ECMO support because of their cardiac failure not pneumonia whereas in Patient Z, ECLS was required because of pneumonia though they may have acquired pneumonia due to a pre-existing condition. Select 'Add new diagnosis' for each code to enter. Multiple diagnoses may be added as necessary.	Enter valid ICD 10 code	01/01/1989- present On 09/15/2016 It changed from ICD 9 to ICD 10	ECLS.Diagnoses	DiagnosisId

9. CPT PROCEDURE CODES

This section details the procedures associated with the patient placed on ECLS. Procedures are listed as CPT codes. Starting entry of the first 3 characters of the code will auto populate the codes, allowing you to select the exact code required. There is no limit to the procedures you may enter. Typically, procedures that are pertinent to the specific admission for ECLS are entered. Procedures that occur immediately prior to ECLS may be included, if the Center determines they are pertinent to the ECLS run. However, procedures and testing that are common to all ICU patients, such as arterial line placement are not required. Procedures performed after ECLS may also be added, including those associated with discharge and/or death.

	Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/	Table Name	Column Name /
L				Modification		Stored Values
		Enter the Date/Time for the procedure. This will determine	Soft Notification:	09/15/2016 -	ECLS.Procedures	Date
		if the procedure was pre-ECLS, on-ECLS, or post-ECLS. Date	CPT Date/Time is not	present		
		may not be after the date of death.	usually earlier than the	04 /45 /2020		
			Date of Birth.	01/15/2020 -		
			CPT Date/Time is not	present: Date/Time		
			usually more than 24 hours	soft		
			prior to Time on ECLS or 24	notification		
			hours after Time Off ECLS	of 24 hours		
	Date/ Time		mours area rime on Lels	removed		
			Hard Limit	from ECLS		
			CPT Date/Time cannot be	and hard		
			AFTER the time of Death	limit of 30		
				days		
			CPT Date/Time cannot be	removed		
			more than 30 days prior to	from ECLS		
			Time on ECLS or 30 days	added.		
L			after Time Off ECLS			
		This field collects if the Date/Time of the procedure cannot		09/15/2016-	ECLS.Procedures	DateEstimated
	F .:	be known exactly and thus represents best estimation of the		present		
	Estimated	complication. Select Yes or No.				1 = Yes
		Charly the hay if the Date /Time is estimated				2 = No
ŀ		Check the box if the Date/Time is estimated. Select 'Add new procedure' for each code to enter.	Enter Valid CPT	02/01/1998-	ECLS.Procedures	CPTCode
		Select Add new procedure for each code to effer.	Litter valid CF1	present	LCL3.FIOCEGUIES	CF 1COUE
	Code			present		
L						

10.ECLS COMPLICATIONS

This <u>section details complications that arise during critical illness supported by ECLS.</u> Every complication has 3 fields that are associated with it. A Complication Date/Time, a check box to indicate if the Complication Date/Time is Estimated, and a drop-down box to select the Complication type. The same Complication type can be entered multiple times by selecting different Complication Date/Times for the same Complication type.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
	This field identifies if this run has any complications	Yes or No response mandatory for category	07/2018 - present		
ECLS Complications		Complication Date/Time may be entered, if known.			
		Hard Limit:	04/03/2021-		
		ECLS Complication Date/Time may not be	present		
		more than 14 days after ECLS Stop Date/Time			
	Enter the Date/Time for the ECLS complication. This will	Soft Notification:	09/15/2016-	ECLS.Complications	Time
	determine when during the ECLS Run the complication occurred.	ECLS Complication Date/Time is not usually	present		
	ECLS complications are intended to collect data on complications	earlier than ECLS Start	02 04/ 15 21/20		
	that occur during an ECLS run. If a complication occurred to the	Time.	22 – present		
	placing a patient on ECLS and but it occurred before the ECLS	ECLS Complication	Changed		
	Start Time this would still be an ECLS complication. If a complication was recognized after ECLS, and you are confident it	Date/Time is not usually later than ECLS Stop	complication cannot to		
	was a complication of the ECLS run it is appropriate to mark an	Time.	after Run time		
Date/ Time	estimated time after the ECLS Stop Time.		off – and		
		Hard Limit:	added		
	Patient Z had a laceration of his right femoral artery requiring 3	ECLS Complication Date/Time cannot be	complication cannot be		
	units of blood transfusion at 03/11/2017 at 10:00 AM. ECLS start time was 10:15 AM during cannulation. Enter Complication	earlier than the Date of	after 14 days		
	Date/Time 03/11/2017 10:00 AM. Choose complication	Birth.	Run time off		
	peripheral cannula site (see below for description of				
	complications)	Complication Date/Time cannot be AFTER the			
		time of Death			

	Patient Y had stroke recognized on magnetic resonance imaging (MRI) on 03/18/2017 at 12:00 PM. ECLS Stop Time was 03/16/2017 at 09:00 PM. If you know when it occurred because of a clinical correlate in time, enter that date and time. Otherwise, it is acceptable to enter Complication Date/Time 03/18/2017 at 12:00 PM and check estimated. Complication would be CNS Infarction (US or CT or MRI)	(if not verified) Complication Date cannot be more that 14 days after Run Time Off Complication Time cannot be more than 4 hours prior to ECLS Time On The same complication is not allowed to be entered more than once at the same date/time.			
Estimated	This field collects if the Date/Time of the complication cannot be known exactly and thus represents best estimation of the complication. Select Yes or No. Check the box if the Date/Time is estimated.		09/16/2016- present	ECLS.Complications	Estimated 0 = No 1 = Yes

Mechanical Complications

Mechanical complications are defined as those requiring intervention, such as change of equipment or circuit components. For example: a clot present in the circuit that does not require intervention such as a component change would not be listed. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Membrane lung failure	Change indicated due to clot formation, gas exchange failure or blood leak	Soft Notification: If membrane lung failure is selected, a membrane lung exchange should be entered in most circumstances	01/01/1989 - present	ECLS.ComplicationCodes	Code 101
Blood pump failure	Change indicated due to equipment failure	Soft Notification: If blood pump failure is selected, a blood pump exchange should be entered in most circumstances	01/01/1989 - present	ECLS.ComplicationCodes	Code 104
Raceway rupture	In a roller pump rupture of the raceway tubing		01/01/1989 - present	ECLS.ComplicationCodes	Code 102
Other tubing rupture	Rupture of ECLS tubing		01/01/1989 - present	ECLS.ComplicationCodes	Code 103
Circuit change	Entire circuit (with exception of cannulae) changed due to clot formation or mechanical failure	Hard Limit If circuit change is selected, equipment exchanges must also be entered for both the membrane lung and blood pump	01/25/2018 - present	ECLS.ComplicationCodes	Code 132
Cannula problems	Requiring intervention (reposition or exchange) for misplacement, dislodgement, replacement due to clots/fibrin, mechanical failure or inappropriate position		01/011989 - present	ECLS.ComplicationCodes	Code 131
Temperature Regulation Device Malfunction	Malfunction of temperature regulation device leading to unintentional hypothermia <35C or hyperthermia >39		01/01/1989 - present	ECLS.ComplicationCodes	Code 105

Clots and Air	If a clot or an air embolus causes a mechanical failure or	-01/25/2018 -	ECLS.ComplicationCodes	Code
Emboli	change out of a circuit component please indicate the	present		133
EIIIDOII	complication below.			
	Circuit component (e.g. pigtails, connectors, bridge,	01/25/2018 -	ECLS.ComplicationCodes	Code
Thrombosis/Clots:	arterial or venous tubing) requiring change due to clot	present		134
circuit component	formation or mechanical failure of the component, not			
	equipment.			
Clots Hemofilter	Clots in hemofilter causing hemofilter to need to be	-07/01/1997 -	ECLS.ComplicationCodes	Code
Ciots Hemonitei	changed or to fail	present		114
Air in circuit	Requiring circuit intervention or circuit clamping for	07/01/1997 -	ECLS.ComplicationCodes	Code
Air iii circuit	bubble detector alarm, visualized air, air entry into patient	present		121

Patient Complications

Patient complications are generally defined by their need for intervention, but specific definitions are provided for each Patient Complication below. Complications are those associated with the ECLS run or as a consequence of ECLS. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated. Major Complications are highlighted in yellow. There are different types of patient complications, broadly: Hemorrhage, Neurologic, Renal, Cardiovascular, Pulmonary, Metabolic, and Organ Limb Ischemia

Patient Hemorrhagic Complications

Hemorrhagic complications requiring packed red blood cell or whole blood (PRBC) transfusion (>20ml/kg/calendar day of PRBCS or >3U PRBCs/calendar day in neonates and pediatrics and >3U PRBCS/calendar day in adults) or other intervention such as surgical or endoscopic intervention.

A calendar day is chosen over a 24-hour period because 24 hours could stop or start at any time and increase the likelihood of an error in data entry. (Mitchell LG, Goldenberg NA, Male C, et al; Perinatal and Paediatric Haemostasis Subcommittee of the SSC of the ISTH: Definition of clinical efficacy and safety outcomes for clinical trials in deep venous thrombosis and pulmonary embolism in children. *J Thromb Haemost* 2011; 9:1856–1858).

Examples:

Patient X is a 4.00 kg 20-day-old who suffered neck cannula site bleeding that required surgical intervention to address the bleeding on 03/11/2017. This is a hemorrhagic complication of the peripheral cannula site.

Patient Y is 55.0 kg 15-year-old who received 3 units (960 mL of PRBC or 17.5mL/kg) on 03/11/2017 for blood recovered from the nasogastric tube. This is a hemorrhagic complication of GI hemorrhage.

Patient Z is 60-year-old 40 kg woman who received 2 units of PRBC transfusion on 03/11/2017 between 8:00PM and 11:39 PM and 1 unit of PRBC on 03/12/2017 between 12:01AM and 2:00AM. This is not a hemorrhagic complication because it was less than 3 units of PRBC in a calendar day in an adult.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
GI hemorrhage	Upper or lower GI hemorrhage requiring PRBC transfusion (>20ml/kg/24 hrs of PRBCS or >3U PRBCs/24 hrs in neonates and pediatrics or >3U PRBCS/24 hrs in adults), and/or, endoscopic intervention, and/or hemostatic agent deployment		07/01/1997 — 1/25/2018 1/25/2018 — Present Specific amounts of blood loss added.	ECLS.ComplicationCodes	Code 201

Patient Hemorrhagic Complications (continued)

Patient complications are generally defined by their need for intervention, but specific definitions are provided for each Patient Complication below. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated. Major Complications are highlighted in yellow. There are different types of patient complications, broadly: Hemorrhage, Neurologic, Renal, Cardiovascular, Pulmonary, Metabolic, and Organ Limb Ischemia.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Peripheral cannulation site bleeding	Select this complication if there is bleeding from a peripheral cannulation site such as the neck, groin, or axilla. Peripheral cannulation site bleeding requiring PRBC transfusion (>20ml/kg/24 hrs of PRBCS or >3U PRBCs/24 hrs in neonates and pediatrics or >3U PRBCS/24 hrs in adults) and/or, surgical intervention (includes intravascular hemostatic agent deployment). A reperfusion cannula is a type of peripheral cannulation site.		01/25/2018 - present 1/25/2018 - Present Specific amounts of blood loss added.	ECLS.ComplicationCodes	Code 222
Mediastinal cannulation site bleeding	Select this complication if there is bleeding from cannulae that are placed across the mediastinum. Mediastinal cannulations are also referred to as central cannulations and are placed via their mediastinum. Mediastinal cannulation site bleeding requiring PRBC transfusion (>20ml/kg/24 hrs of PRBCS or ≥3U PRBCs/24 hrs in neonates and pediatrics or ≥3U PRBCS/24 hrs in adults, and/or surgical intervention.		01/25/2018 - present 1/25/2018 - Present Specific amounts of blood loss added.	ECLS.ComplicationCodes	Code 223
Surgical site bleeding	Select this complication if there is bleeding from a surgical site other than mediastinal or peripheral cannulation site. Requiring PRBC transfusion (>20ml/kg/24 hrs of PRBCS or >3U PRBCs/24 hrs in neonates and pediatrics or >3U PRBCS/24 hrs in adults), and/or surgical intervention		07/01/1997 – 1/25/2018 1/25/2018 – Present Specific amounts of blood loss added.	ECLS.ComplicationCodes	Code 203

Patient Neurologic Complications

Patient complications are generally defined by their need for intervention, but specific definitions are provided for each Patient Complication below. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated. Major Complications are highlighted in yellow.

Patient Neurologic Complications are central nervous system accidents including brain death, seizures, ischemia, infarcts, and hemorrhage.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Brain death	Brain Death The Canadian Neocritical Care Guideline defined brain death as the irreversible loss of the capacity for consciousness combined with the irreversible loss of all brainstem functions, including the capacity to breathe. Brain death is equivalent to death of the individual, even though the heart continues to beat and spinal cord functions may persist Canadian Neurocritical Care Group. Guidelines for the diagnosis of brain death. Can J Neurol Sci 1999;26(1):64-6. A detailed description of establishing brain death for adults can be found at this citation American Academy of N Evidence-based guideline update: determining brain death in adults: report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2010;74(23):1911–8. Neurological determination of death (NDD) is the process and procedure for determining brain death. The Canadian medical standard for NDD is reported in and is described for children. Shemie SD, et al., Pediatric Reference G, Neonatal Reference G. Severe brain injury to neurological determination of death: Canadian forum recommendations. CMAJ. 2006;174(6):S1–13. Ancillary Tests: The demonstration of the absence of intracerebral blood flow is considered the standard as an ancillary test for brain death. Currently validated imaging techniques are cerebral angiography (1) and radionuclide angiography (2). (1) Wilkening M., et al. Validity of cerebral angiography wie ve-nous route in the diagnosis of brain death. Bull Acad Natl Med 1995;179(1):41-8. French. (2) Wieler H, et al. To-99m HMPAO cerebral scitigraphy. A reli- able, noninvasive method for determination of brain death. Clin Nucl Med 1993;18(2):104-9. Apnea Test on ECMO: The patient should be placed on continuous positive airway pressure (CPAP) while the sweep gas flow rate is set to a maximum of 1.0 liter/minute. If the PaCO ₂ does not rise above 60 mmHg or change by 20 mmHg, the sweep flow can be incrementally lowered to as low as 0.1 liter/minute while still maintaining adequate oxygenation i	This complication must be selected for those patients whom meet brain death criteria in order to enter a date/time of death before time off ECMO.	07/01/1997 - 1/25/2018 1/25/2018 - present Specific definitions added.	ECLS.Complica tionCodes	Code 301

Patient Neurologic Complications

Patient complications are generally defined by their need for intervention, but specific definitions are provided for each Patient Complication below. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated. Major Complications are highlighted in yellow.

Patient Neurologic Complications are central nervous system accidents including brain death, seizures, ischemia, infarcts, and hemorrhage.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Seizures Clinically determined	Clinically determined by assessment	If more than one instance occurs on the date, only one date is require, time will default to midnight (0000)	07/01/1997 - present	ECLS.ComplicationCodes	Code 311
Seizures Confirmed by EEG	Confirmed by Electroencephalograph	If more than one instance occurs on the date, only one date is require, time will default to midnight (0000)	07/01/1997 - present	ECLS.ComplicationCodes	Code 312
CNS diffuse ischemia (CT/MRI)	CT or MRI demonstrating diffuse ischemic changes	Enter date/time of radiologic confirmation	01/25/2018- present	ECLS.ComplicationCodes	Code 325
CNS Infarction (US or CT or MRI)	CT or US or MRI demonstrating localized ischemic change	Enter date/time of radiologic confirmation	07/01/1997 - present	ECLS.ComplicationCodes	Code 321
Intra/extra parenchymal CNS Hemorrhage (US or CT or MRI)	May be intraparenchymal, subdural or subarachnoid	Enter date/time of radiologic confirmation	01/25/2018- present	ECLS.ComplicationCodes	Code 324
Intraventricular CNS hemorrhage (US or CT or MRI)	>= Grade 2 IVH on US, CT or MRI	Enter date/time of radiologic confirmation	01/25/2018- present	ECLS.ComplicationCodes	Code 323
Neurosurgical intervention performed	Neurosurgical procedure performed during ECLS run (e.g. intracranial pressure monitor, external ventricular drain, craniotomy)		01/25/2018 - present	ECLS.ComplicationCodes	Code 326

Patient Renal Complications

Patient complications are generally defined by their need for intervention, but specific definitions are provided for each Patient Complication below. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated. Major Complications are highlighted in yellow.

Patient Renal Complications are renal complications defined by change in creatinine or requirement for renal replacement therapy.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Creatinine 1.5 – 3.0	After ECMO start time, patient newly acquires a creatinine serum measurement of 1.5- 3.0		07/01/1997 - present	ECLS.ComplicationCodes	Code 401
Creatinine > 3.0	After ECMO start time, patient newly acquires a creatinine serum measurement of >3.0		07/01/1997 - present	ECLS.ComplicationCodes	Code 402
Renal Replacement Therapy Required	Peritoneal Dialysis (PD), Continuous Venovenous Hemodiafiltration (CVVHD), Continuous Venovenous Hemofiltration (CVVHF) or Continuous Venovenous Hemodiafiltration (CVVHDF) or Hemodialysis (HD) based on the patient's ultimate mode of therapy		O1/25/2018 – present Prior to 1/25/2018 collected separately as Hemofiltration or SCUF or CAVHD or HD	ECLS.ComplicationCodes	Code 415

Patient Cardiovascular Complications

Patient complications are generally defined by their need for intervention, but specific definitions are provided for each Patient Complication below. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated. Major Complications are highlighted in yellow.

Patient Cardiovascular Complications include cardiopulmonary resuscitation, cardiac arrhythmias, and tamponade.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
CPR required	Chest compressions and cardiopulmonary resuscitation required during ECLS run	Date/time of complication is time of intervention	07/01/1997 - present	ECLS.ComplicationCodes	Code 502
Cardiac arrhythmia	Requiring antiarrhythmic medication infusion, overdrive pacing, cardioversion or defibrillation	Date/time of complication is time of intervention	07/01/1997 - present	ECLS.ComplicationCodes	Code 504
Tamponade (not blood)	Tamponade during ECLS run requiring pericardial drain or mediastinal washout	Date/time of complication is time of intervention	O1/25/2018 - present Prior to 1/25/2018 collected as Tamponade: Air or Tamponade Serious	ECLS.ComplicationCodes	Code 544
Tamponade (blood)	Tamponade during ECLS run requiring pericardial drain or mediastinal washout	Date/time of complication is time of intervention	09/01/1997 - present	ECLS.ComplicationCodes	Code 541

Patient Pulmonary Complications

Patient complications are generally defined by their need for intervention, but specific definitions are provided for each Patient Complication below. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated. Major Complications are highlighted in yellow.

Patient Pulmonary Complications

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Pneumothorax	Requiring insertion of chest drain		07/01/1997 - present	ECLS.ComplicationCodes	Code 601
Pulmonary Hemorrhage	Requiring pRBC transfusion (>20ml/kg/24 hrs of PRBCS or >3U PRBCs/24 hrs in neonates and pediatrics and >3U PRBCS/24 hrs in adults)		07/01/1997 - present 01/25/2018 Specific amounts of blood loss added.	ECLS.ComplicationCodes	Code 602

Patient Metabolic Complications

Patient complications are generally defined by their need for intervention, but specific definitions are provided for each Patient Complication below. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated. Major Complications are highlighted in yellow.

Patient Metabolic Complications include hyperbilirubinemia, hemolysis and severe hemolysis

ration interactions include hyperbilliabilienia, hemorysis and severe hemorysis					
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Hyperbilirubinemia	For neonatal patients (< 28 days) = conjugated bilirubin >20umol/L (>1.2mg/dL). For pediatric (>30days) or adult patients = total bilirubin >170umol/L (>10mg/dL) or conjugated bilirubin >51umol/L (>3mg/dL), Or need for extracorporeal purification for elevated bilirubin		07/01/1997-1/25/2018 1/25/2018-present Age definitions added	ECLS.ComplicationCodes	Code 821
Moderate hemolysis	Peak plasma hemoglobin 50-100 mg/dL or 500-1000 mg/L occurring at least once during ECLS run. Sustained for at least 2 consecutive days.		1/1/1989-1/25/2018 1/25/2018-present Collected if plasma free Hgb >50	ECLS.ComplicationCodes	Code 822
Severe hemolysis	Peak plasma hemoglobin > 100mg/dL or >1000 mg/L occurring at least once during ECLS run. Sustained for at least 2 consecutive days or if the level of hemolysis leads to a major component change namely the membrane lung, blood pump or entire circuit.		1/25/2018-present	ECLS.ComplicationCodes	Code 823

Patient Limb Complications

Patient complications are generally defined by their need for intervention, but specific definitions are provided for each Patient Complication below. These complications are listed in drop down under the field name complications. For each complication please enter Date/Time and indicate if the Date/Time is Estimated. If you are not sure of the exact time for the procedure, please select Estimated. Major Complications are highlighted in yellow.

Patient Limb Complications

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Limb Compartment Syndrome	Compartment syndrome occurs when the pressure within a compartment increases, restricting the blood flow to the area and potentially damaging the muscles and nearby nerves. It usually occurs in the legs, feet, arms or hands.		09/06/2013 01/25/2018	ECLS.ComplicationCodes	Code 902
Fasciotomy	Fasciotomy performed secondary to compartment syndrome from ECLS cannulation (fasciotomy performed during ECLS hospitalization)		09/06/2013 01/25/2018	ECLS.ComplicationCodes	Code 903
Limb amputation	Limb amputation secondary to complications from ECLS run (amputation performed during ECLS hospitalization)		09/06/2013 01/25/2018	ECLS.ComplicationCodes	Code 904
Limb ischemia requiring limb reperfusion cannula	Post peripheral cannulation, requiring addition of limb reperfusion cannula >=6 hrs post cannulation		09/06/2013 01/25/2018	ECLS.ComplicationCodes	Code 901

11.INFECTIONS

This section details the infections associated with the patient placed on ECLS. Infections are those that occur prior to and on ECLS. Multiple infections may be entered by selecting 'Add New Infection' (see Registry Instructions)

Refer to the Appendix for a list of available choices for infections.

Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Date/Time	Enter the Date/Time of the culture obtained.	Hard Limit Infection Date/Time cannot be after run Time Off.	10/10/2011 - present	ECLS.Infections	CultureTime
Estimated	Click the box if the Date/Time is approximate.		10/10/2011 - present	ECLS.Infections	CultureTimeEstimated No=0 Yes=1
Culture Site	Select where the patient sample was taken from: Blood, Bone, Cerebrospinal fluid, Peritoneal fluid, Pleural fluid, Respiratory tract, Skin/soft tissue, Stool, Urine, Wound – surgical (including cannulation site) Wound – traumatic, other than cannulation site, Other, Unknown		10/10/2011 - present	ECLS.Infections	CultureSiteId 101 Blood 102 Bone 103 Cerebrospinal fluid 104 Peritoneal fluid 105 Pleural fluid 106 Respiratory tract 107 Skin/soft tissue 108 Stool 109 Urine 110 Wound - surgical 111 Wound - traumatic 112 Other 199 Unknown
Organism Type	Select from the drop down box the organism type. All, Unknown, Gram + Bacteria, Gram – Bacteria, Mycobacterium, Fungus (yeast and mold), Viruses and Prions, Protozoa This will populate the specific organism associated in the next box.	Set to unknown if not entered	10/10/2011 - present	Registry.OrganismTypes	Typeld, Description 0 - Unknown 1 - Gram positive bacteria 2 - Gram negative bacteria 3 - Mycobacterium 4 - Fungus (yeast and molds) 5 - Viruses and prions 6 - Protozoa

Infections (co	Infections (continued)									
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values					
Organism	Select from the drop down box the specific organism.		10/10/2011 - present	ECLS.Infections	OrganismId Please see Appendix A for full list of Infections					

12.OUTCOMES

This section details the discontinuation of ECLS and post ECLS outcomes.

	talls the discontinuation of ECES and post ECES outcomes.				
Field Name	Definition / Explanation / Example	Data Entry	Collection/	Table	Column Name /
		Rules	Modification	Name	Stored Values
	This field identifies the reason a patient was separated from ECLS.		01/01/1989 –	ECLS.Runs	Discontinuation
			1/15/2018		This field can be looked up
	Choose one reason for discontinuing ECLS support:				on
	Expected recovery: ECLS discontinued because patient improved and is		1/15/2018 -		ECLS.DiscontinuationCodes
	expected to recover. If recovery was due to transplant do not choose		present		But we need this list
	recovery; choose appropriate transplant below.		Transition to VAD		refreshed.
	Poor Prognosis Followed by Death HR11 : ECLS discontinued due to poor		support;		
	prognosis or treatment limitations because the medical team anticipated		Pumpless Lung		0 = Unknown
	that the patient had irrecoverable disease; or patient experienced organ		Assist (PA to LA);		1 = Expected Recovery
	failure; or a diagnosis that was incompatible with life; or family/patient		Heart Tx;		2 = Poor Prognosis
	perceived poor prognosis or undue suffering and requested		Lung Tx;		Followed by Death
	discontinuation.		Heart/Lung Tx		6 = Resource Limitation
	Poor Prognosis Follwed by Unexpected Survival: ECLS discontinued due to		were added		10 = VAD
	poor prognosis or treatment limitations because the medical team				11 = Pumpless Lung Assist
	anticipated the patient irrecoverable disease; or patient experienced		04/03/2022-present		(PA to LA)
	organ failure; or a diagnosis that was incompatible with life; or		Poor Prognosis		12 = Heart Tx
Discontinuation	family/patient perceived poor prognosis or undue suffering and requested		updated to Poor		13 = Lung Tx
Reason	discontinuation. Despite this indication for removal of ECLS, the patient		Prognosis Followed		14 = Heart/Lung Tx
	unexpectedly survived to hospital discharge.		by Death		15 = Complication
	ECLS complications: A complication of ECLS care required withdrawal of				16 = Poor Prognosis
	ECLS (such as intracranial hemorrhage).		Poor Prognosis		Followed by Unexpected
	Resource Limitations A lack of equipment, personnel, etc. provided the		Followed by		Survival
	basis for the decision to discontinue ECLS.		Unexpected		
	Transition to VAD support: In anticipation of continued need for		Survival added		
	extracorporeal support, the patient was taken off ECLS to be transitioned				
	to an LVAD, RVAD, BiVAD, or Berlin Heart.				
	Pumpless Lung Assist (PA to LA): In anticipation of continued need for				
	extracorporeal support, the patient was taken off ECLS and placed on lung				
	assist device.				
	Heart Tx: Patient was withdrawn from ECLS due to resolved need after				
	new heart transplant. Lung Tx : Patient was withdrawn from ECLS due to resolved need after new				
	lung transplant.				
	Heart/Lung Tx: Patient was withdrawn from ECLS due to resolved need				
_	after new heart and lung transplant.				

	Unknown			
	Select appropriate: both carotid and jugular, common carotid artery,	01/01/1989 –	ECLS.Runs	0 = None
	internal jugular vein, none, other	present		1 = Common Carotid Artery
Cannula site repair				2 = Internal Jugular Vein
Cariffula Site repair				3 = Both Carotid and
				Jugular
				4 = Other

Outcomes (Conti	inued)				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Extubated	Select appropriate: endotracheally extubated for at least 48 hours, N/A tracheostomy, N/A transferred intubated, N/A intubated at time of death, N/A other		1/15/2018- present	ECLS.Runs	Extubated 0 = Orotracheally extubated 1 = N/A Tracheostomy 2 = N/A transferred intubated 3 = N/A intubated at time of death 4 = N/A other
Extubation Date	The date/time the oral endotracheal tube is removed	Hard Limit Extubation Date/Time cannot be BEFORE than the Date of Birth. Extubation Date/Time cannot be Before Intubation Date/Time Extubation Date/Time cannot be BEFORE ECLS Start Time Extubation Date/Time cannot be AFTER the time of Death	01/01/1989 – present	ECLS.Runs	ExtubationDate
Discharged Alive	Yes, No or Discharged on ECMO If Discharged on ECMO is selected, choose whether the patient was discharged to an ELSO Center or Non-ELSO Center. Discharged to an ELSO Center will require the entry of the Center ID/Name of Center. These names will autopopulate. Discharged to a non-ELSO Center will require the entry of the Name of Center.	Soft Notification If brain death is selected and Discharged Alive is "Yes" or "OnEcmo": "A patient cannot have brain death and be discharged alive. Please remove brain death or set discharged alive to No." Selection of Discharged on ECMO will drop down choice of ELSO Center or Non ELSO Center. Once type of center selected, enter name of center. ELSO Centers will autopopulate.	01/01/1989 – present 10/08/2018 – present Soft Notification Added 04/03/2022 – present Discharged on ECMO allows choice of from an ELSO Center or Non ELSO Center with center name entry.	ECLS.Runs	DischargedAlive 0 = No 1 = Yes 2 = On ECMO Missing = Null Receiving Transfer ELSO Center Receiving Non- ELSO Center

	ICU discharge date	Soft Notification	01/31/2018 -	ECLS.Runs	DischargeDate
		Date/Time of ICU Discharge is not	present		
	Please enter the date and time the patient was	often before the ECLS Start Time			
	discharged from the ICU in your hospital.				
		Hard Limit			
Date/Time of ICU	If patient XX was admitted to your Hospital A ICU and	Date/Time of ICU Discharge			
Discharge	transferred from your Hospital A ICU to outside	cannot be BEFORE ECLS time of			
	Hospital B ICU on 1/1/2018, then enter date of ICU	birth			
	discharge as 1/1/2018.				
		Date/Time of ICU Discharge			
		cannot be AFTER the time of			
		Death			

Outcomes (Conti	inued)				
Field Name	Definition / Explanation / Example	Data Entry Rules	Collection/ Modification	Table Name	Column Name / Stored Values
Date/Time of Hospital Discharge	Please enter the date and time the patient was discharged from your hospital. If the patient died during the patient's admission to your hospital please enter the Hospital Discharge date/time as the Death date/time. If patient YY was admitted to your Hospital A and transferred from your Hospital A to outside Hospital B on 2/1/2017, then enter date of ICU discharge as 2/1/2017.	Hard Limit If brain death is not selected: Date/Time of Hospital Discharge cannot be after Death Date/Time If brain death is selected: Date/Time of Hospital Discharge cannot be more than 7 days after Death Date/Time If Discharged on ECMO is selected, the discharge Date/Time will auto-populate as the ECLS Stop Date/Time	01/01/1989 - present 10/8/2018 - present Hard Limits added	ECLS.Runs	DischargeDate
Hospital Discharge Location	Select the location the patient was discharged to from your hospital: Home Transferred to another hospital – patient left your hospital to go to another hospital Transfer to LTAC – Long Term Acute Care (LTAC) either outside facility or associated with institution Transfer to Rehab – Rehabilitation center either outside facility or associated with institution Transfer to Hospice – Transferred to a hospice or palliative care facility where the goals of care are comfort, not cure Other, Unknown		01/01/1989 - 1/15/2018 1/15/2018- present Transfer to LTAC or rehab; Transfer to hospice Added 7/20/2020- present separated Rehab and LTAC	ECLS.Runs	DischargeLocation This field can be looked up on ECLS.DischargeLocationCodes 1 = Home 2 = Other, Unknown 3 = Transferred to another hospital 5 = Transfer to hospice 6 = Transfer to LTAC 7 = Transfer to Rehab
Death date/time	Please enter the date and time the patient died. This may be the time that Brain Death occurred, but brain death as a complication must be selected.		01/01/1989 - present	ECLS.Runs	DeathDate

APPENDIX A: INFECTIOUS ORGANSIMS

Organism ID	Type ID	Description	Organism ID	Type ID	Description
1	1	Staphylococcus aureus	47	5	Epstein-Barr virus (EBV)
2	1	Streptococcus, alpha hemolytic	48	1	Clostridium difficile
9	1	Gram positive, other	49	5	Adenovirus
11	2	Hemophilus influenza	50	4	Aspergillus fumigatus
12	2	Meningococcus	51	4	Aspergillus sp.
13	2	Eschericha coli	52	2	Bacteroides sp.
14	2	Klebsiella pneumoniae	53	4	Candida parapsilosis
15	2	Pseudomonas aerugenosa	54	2	Bordatella pertussis
16	1	Enterococcus	55	2	Citrobacter freundii
19	2	Gram negative, other	56	1	Diptheroides
21	4	Candida albicans	58	2	Enterobacter cloacae
25	3	Mycobacterium tuberculosis	59	2	Enterobacter sp.
30	3	Acinetobacter sp.	60	1	Streptococcus, group A
31	1	Streptococcus, beta hemolytic	61	1	Streptococcus, group B
32	1	Staphylococcus, coag neg	62	1	Streptococcus, group D
33	1	Streptococcus faecalis	63	5	Influenza A
34	5	Hantavirus	64	5	Influenza B
35	1	Staphylococcus aureus, meth resist	65	6	Pneumocystis carinii
36	1	Streptococcus pneumoniae	66	5	Respiratory syncytial virus (RSV)
37	2	Serratia marsescens	67	1	Streptococcus viridans
38	2	Serratia sp.	68	2	Moraxella catarrhalis (Branhamella)
39	2	Stenotrophomonas maltophilia (Xanthomonas)	69	2	Proteus mirabilis
40	1	Staphylococcus epidermidis	70	2	Proteus sp.
41	4	Yeast sp.	71	2	Klebsiella sp.
42	5	Cytomegalovirus	72	5	Rotavirus
43	5	Herpes simplex virus (HSV)	73	1	Lactobacillis sp.
44	5	Herpes genitalis	74	5	Enterovirus
45	1	Legionella pneumophilia	76	4	Torolopsis glabrata
46	1	Legionella sp.	77	2	Neisseria meningititis

APPENDIX A: INFECTIOUS ORGANSIMS (Continued)					
Organism ID	Type ID	Description	Organism ID	Type ID	Description
78	2	Neisseria gonorrhea	106	2	Salmonella sp.
79	1	Bacillis cereus	107	5	HIV
80	1	Bacillis sp.	108	5	Enterovirus D68
81	4	Candida krusei	115	1	Staphylococcus aureus, meth sens
82	4	Candida tropicalis	217	2	Neisseria sp.
83	2	Chlamydia trachomatis	218	5	Rhinovirus
84	2	Chlamydia sp.	219	4	Blastomycosis
85	2	Citrobacter sp.	220	5	Coronavirus
86	1	Corynebacterium jejunum	221	2	Acinetobacter baumannii
87	1	Flavobacterium sp.	222	2	Burkholderia cepacia
88	5	Hepatitis A	223	2	Acinetobacter
89	5	Hepatitis B	224	5	Herpes Virus 6
90	5	Hepatitis C	225	5	Parvo Virus B19
91	2	Hemophilus parainfluenzae	226	3	Mycobacterium chimera
92	2	Klebsiella oxytocia	227	5	Human Metapneumovirus
93	1	Listeria monocytogenes	228	2	Cupriavidus metallidurans
94	5	Parainfluenza	229	5	SARS-CoV-2
95	2	Pseudomonas fluorescens	230	2	Elizabethkingia meningoseptica
96	2	Serratia luginfaciens	231	2	Pantoea agglomerans
97	1	Staphylococcus hominis	232	4	Rhizopus species
98	1	Staphylococcus scuiri	233	2	Bacteroides fragilis
99	4	Candida sp.	234	2	Klebsiella aerogenes
100	0	Other	235	2	Alcaligenes xylosoxidans
101	5	Herpes zoster (varicella-zoster)			
102	1	Clostridium perfringes			
103	6	Toxoplasma gondii			
104	1	Mycoplasma pneumoniae			
105	2	Ureaplasma urealyticum			