ECLS Cardiac Addendum Form
Extracorporeal Life Support Organization (ELSO)

Unique ID: _____   Run Number_____

Cardiac Diagnoses

Use ELSO Cardiac Diagnoses Codes

Evaluation

Indications for Support (select all that apply):

☐ Low Cardiac Output, Poor perfusion
☐ Failure to wean from CPB
☐ Pulmonary Hypertension
☐ Combined Cardiac and Respiratory Failure
☐ Respiratory Failure, Hypoxia (not PHTN)

☐ Pre-Op ECHO: Date/Time: _____ ECHO EF:_____ ECHO SF:_____

☐ Intra-Op ECHO: Date/Time: _____ ECHO EF:_____ ECHO SF:_____

☐ Post ECHO: Date/Time: _____ ECHO EF:_____ ECHO SF:_____

☐ Pre-Op Cardiac Cath
☐ Post-Op Cardiac Cath

Pathology: ☐ Tissue Bx   ☐ Autopsy

Cardiac Procedures

Use ELSO Cardiac Procedure Codes

Date/Time	Procedure	Date/Time	Procedure

CPB Time _____ XC Time_____ # XCs_____DHCA Time _____ # DHCA_____
(minutes)   (minutes)   (minutes)

Post-Op Evaluation

Most Representative:

    Residual Shunt(s): ☐

    Type: _____ (Atrial, Ventricular, Ductal / BT Shunt)

    Direction: _____ (L to R, R to L, Bidirect)

    Size: _____ (Small, Moderate, Large)

    Shunt Dx.: _____ (Echo, Cath, Autopsy)

Valve Dysfunction by ECHO (None, Trace, 1+, 2+, 3+, 4+):

    AI: _____   MR: _____   TR: _____   PI: _____   CAVR: _____

Valve Dysfunction by CATH (None, Trace, 1+, 2+, 3+, 4+):

    AI: _____   MR: _____   TR: _____   PI: _____   CAVR: _____

Residual Obstruction: (Yes, No, Unknown)

Left:		Right	
Subaortic		Infundibular	
Aortic Stenosis		Pulm Stenosis	
Supravalvar		Main PA	
Arch		Right PA	
Coarctation		Perp Pulm Stenosis	
Mitral Stenosis		Tricuspid Stenosis	
LPA		Pulm Vein	

Highest Gradient by Cath (mmHg): _____   Highest Gradient by ECHO (mmHg): _____

Outcome

Converted to other support: ☐ Yes   ☐ No   ☐ Unknown

Transplanted: ☐ Yes   ☐ No   ☐ Unknown

Survival: ☐ Unknown   ☐ Survived to ICU discharge   ☐ Died ICU post ECMO

    ☐ Died in hospital post ICU   ☐ Died in hospital post support device