ECLS Registry Form
Extracorporeal Life Support Organization (ELSO)

Please refer to the ELSO Registry Data Definitions Document for Details

Unique ID: ____________________________  Birth Date: ____________________________
(include time for neonates)

Sex: _______ (M, F, unknown)  Race: _______ (Asian, Black, Hispanic, White, Middle Eastern or North African, Native American, Native Pacific Islander, Other, Unknown)

Run Information

Date/Time On: ____________  Date/Time Off: ____________  Support Type: □ Pulmonary
Run No: ____________  □ Cardiac  □ ECPR
Weight (kg): _______  Height (cm): _______

Intubation:
☐ Yes, Date Known: ____________  Invasive Ventilation:
☐ Pre-existing Trach: ____________  Yes, New Date/Time: ____________
☐ Yes, Date Estimated: ____________  Pre-existing Ventilation:
☐ Yes, Date Unknown
☐ No

Neonatal patients only:
Birth weight (kg): _______  Gestational age: ____________
Apgar (1 min): ____________  Delivery: ____________ (Vaginal, ER or Elective C-section, Unknown)
Apgar (5 min): ____________  Maternal age: ____________
CDH: □ Y  □ N  □ Unknown  CDH Prenatal diagnosis: □ Y  □ N  □ Unknown
CDH Side: ____________ (Right, Left, Bilateral, Unknown)
Repair: ____________ (None, Pre-ECLS, On ECLS, Post-ECLS)

Pre-ECLS Assessment

<table>
<thead>
<tr>
<th>ABG: Closest to/before ECLS, no more than 6 hours before ECLS</th>
<th>Vent Settings: Closest to/before ECLS, no more than 6 hours before ECLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time: ____________</td>
<td>Date/Time: ____________</td>
</tr>
<tr>
<td>FiO2 (at ABG draw): _______ (%)</td>
<td>No Ventilator in use: □</td>
</tr>
<tr>
<td>Lactate: ____________ Unknown? □</td>
<td>Date/Time: ____________</td>
</tr>
<tr>
<td>pH: ____________ Unknown? □</td>
<td>Vent Type: ____________</td>
</tr>
<tr>
<td>PaCO2: ____________</td>
<td>Rate/Hz: ____________</td>
</tr>
<tr>
<td>PaO2: ____________</td>
<td>PIP/Ampl: ____________</td>
</tr>
<tr>
<td>HCO3: ____________ Unknown? □</td>
<td>PEEP: ____________</td>
</tr>
<tr>
<td>SaO2(%): ____________</td>
<td>MAP: ____________</td>
</tr>
<tr>
<td>SpO2 (%): ____________</td>
<td>Hand bagging: □ Y  □ N  □ Unknown</td>
</tr>
<tr>
<td>(Select if hand bagged beginning in the 6hrs pre ECLS AND continuing to the time of cannulation)</td>
<td></td>
</tr>
</tbody>
</table>

Hemodynamics (Closest to and before ECLS start, ideally no more than 6 hours before ECLS start)

Date/Time: ____________  SBP Unknown? □
BP: ____________
Systolic  Diastolic  Mean
SvO2: ____________  PCWP: ____________
PAP: ____________
Systolic  Diastolic  Mean
Cl: ____________
# Pre ECLS Support

| Hospital Admit Date/Time: ____________________________ |
|__________________________________________________________|

- [ ] Transported on ECMO
- [ ] Transported not on ECMO
- [ ] Not Transported
- [ ] Unknown

## Pre-ECLS cardiac arrest:
- [ ] Y
- [ ] N
- [ ] Unknown

## Bridge to transplant:
- [ ] Y
- [ ] N
- [ ] Unknown

## Is Trauma the underlying reason for ECLS?
- [ ] Y
- [ ] N
- [ ] Unknown

### Mechanical Cardiac Support (Select those used or in place within 24 hours pre ECLS)
- [ ] Berlin Heart
- [ ] B/VAD
- [ ] Cardiac pacemaker
- [ ] Cardiopulmonary bypass (CPB)
- [ ] Intra-aortic balloon
- [ ] LVAD
- [ ] Perc Ventricular Assist Device
- [ ] RVAD

### Renal, Pulmonary and Other Support (Select those used or in place within 24 hours pre ECLS)
- [ ] Inhaled Anesthetic
- [ ] Inhaled Epoprostenol (>6 hours)
- [ ] Inhaled Nitric oxide (>6 hours)
- [ ] Liquid ventilation
- [ ] Plasmapheresis
- [ ] Prone Positioning (>16 hours)
- [ ] Renal Replacement Therapy
- [ ] Surfactant
- [ ] Therapeutic Hypothermia < 35 degrees C

### Medications Excluding Vasoactives (Select those used or in place within 24 hours pre ECLS)
- [ ] Alprostadil
- [ ] Bicarbonate
- [ ] Epoprostenol (all synthetic prostanoyclin analogues)
- [ ] Narcotics
- [ ] Neuromuscular blockers
- [ ] Sildenafil
- [ ] Systemic Steroids
- [ ] THAM

### Vasoactive Infusions (Select those used within 24 hours AND continuously for 6 hours pre ECLS)
- [ ] Dobutamine
- [ ] Dopamine
- [ ] Enoximone
- [ ] Epinephrine
- [ ] Esmolol
- [ ] Levosimendan
- [ ] Metaraminol
- [ ] Metoprolol
- [ ] Milrinone
- [ ] Nicardipine
- [ ] Nitroglycerin
- [ ] Nitroprusside
- [ ] Norepinephrine
- [ ] Phenylephrine
- [ ] Tolazoline
- [ ] Vasopressin

### ECLS Assessment

#### Arterial Blood Gas

<table>
<thead>
<tr>
<th>Date/Time: ____________________________</th>
<th>No Ventilator in use: [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>FiO2 (at ABG draw): ____ (%)</td>
<td>Date/Time: ____________________________</td>
</tr>
<tr>
<td>Lactate: _______________________ Unknown? [ ]</td>
<td>Vent Type: ____________________________</td>
</tr>
<tr>
<td>pH: ___________________________ Unknown? [ ]</td>
<td>Rate/Hz: ____________________________</td>
</tr>
<tr>
<td>PaCO2: ________________________</td>
<td>PIP/Ampl: ____________________________</td>
</tr>
<tr>
<td>PaO2: ________________________</td>
<td>PEEP: ____________________________</td>
</tr>
<tr>
<td>HCO3: ________________________ Unknown? [ ]</td>
<td>MAP: ____________________________</td>
</tr>
<tr>
<td>SaO2(%): ______________________</td>
<td>Hand bagging: [ ] Y [ ] N [ ] Unknown</td>
</tr>
<tr>
<td>SpO2 (%): ______________________</td>
<td></td>
</tr>
</tbody>
</table>

#### Hemodynamics

<table>
<thead>
<tr>
<th>Date/Time: ____________________________</th>
<th>(Select option if SBP/DBP is unavailable or unknown)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP: ___________________________ Systolic Diastolic Mean</td>
<td>SvO2: ____ PCWP: ____</td>
</tr>
<tr>
<td>PAP: ___________________________ Systolic Diastolic Mean</td>
<td>CI: ____</td>
</tr>
</tbody>
</table>

#### Blood Pump Flow Rates (L/min)

| Pump flow at 4 hours: ____ | Pump flow at 24 hours: ____ |

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## ECLS Care

### Unit Where Majority of ECLS Care Received

- [ ] Adult Medicine ICU
- [ ] Adult Surgical ICU
- [ ] Adult Cardiac ICU
- [ ] Adult Cardiovascular ICU
- [ ] ECLS ICU
- [ ] Emergency Department
- [ ] Mixed ICU
- [ ] Neonatal ICU
- [ ] Pediatric ICU
- [ ] Pediatric Cardiac ICU
- [ ] Operating Room/Cath Lab

Initiated for procedure? [Yes] [No]

### Nutrition and Mobility

**Enteral Feeding Date/Time** (started and continued for at least 2 days) ____________________________

<table>
<thead>
<tr>
<th>Level of Mobilization at day 7 of ECLS (&gt;8 years)</th>
<th>Maximum Level Achieved During ECLS (&gt;8 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Nothing (lying in bed)</td>
<td>0 Nothing (lying in bed)</td>
</tr>
<tr>
<td>1 Sitting in bed, exercises in bed</td>
<td>1 Sitting in bed, exercises in bed</td>
</tr>
<tr>
<td>2 Passively moved to chair (no standing)</td>
<td>2 Passively moved to chair (no standing)</td>
</tr>
<tr>
<td>3 Sitting over edge of bed</td>
<td>3 Sitting over edge of bed</td>
</tr>
<tr>
<td>4 Standing (with or without assist)</td>
<td>4 Standing (with or without assist)</td>
</tr>
<tr>
<td>5 Transferring bed to chair</td>
<td>5 Transferring bed to chair</td>
</tr>
<tr>
<td>6 Marching on spot (at bedside)</td>
<td>6 Marching on spot (at bedside)</td>
</tr>
<tr>
<td>7 Walking with assistance of 2 or more people</td>
<td>7 Walking with assistance of 2 or more people</td>
</tr>
<tr>
<td>8 Walking with assistance of 1 person</td>
<td>8 Walking with assistance of 1 person</td>
</tr>
<tr>
<td>9 Walking independently with a gait aid</td>
<td>9 Walking independently with a gait aid</td>
</tr>
<tr>
<td>10 Walking independently without a gait aid</td>
<td>10 Walking independently without a gait aid</td>
</tr>
</tbody>
</table>

### Mode and Cannulations

**Initial Mode of ECLS**

ECLS Start Date/Time: ____________________________  ECLS/Mode Stop Date/Time: ____________________________

ECLS mode:  
- [ ] V-A (Venoarterial)  
- [ ] V-V (Venovenous)  
- [ ] V-VA (Veno-venoarterial)  
- [ ] A-VCO2R  
- [ ] VV-ECO2R  
- [ ] Other  
- [ ] Unknown

### Cannulas Placed for the Initial Mode of ECLS

<table>
<thead>
<tr>
<th>Cannula #1</th>
<th>Cannula #2</th>
<th>Cannula #3</th>
<th>Cannula #4</th>
<th>Cannula #5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Date/Time</strong></td>
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<tr>
<td><strong>End Date/Time</strong></td>
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<tr>
<td><strong>Manufacturer</strong></td>
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<tr>
<td><strong>Cannula Model/Size</strong></td>
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<tr>
<td><strong>Pre-Existing?</strong></td>
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<tr>
<td><strong>Percutaneous?</strong></td>
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<tr>
<td>Site (Note if Drain Y/N)</td>
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<td><strong>Replaced?</strong></td>
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<tr>
<td><strong>Reason?</strong></td>
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</tbody>
</table>

Note: Times will autopopulate with time on and off ECLS. Only note new date/time for cannulas placed/removed during the run.

Please see the Data Definitions document for specific fields’ definitions.
## Equipment

<table>
<thead>
<tr>
<th>Membrane Lung</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date/Time</td>
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<tr>
<td>End Date/Time</td>
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<tr>
<td>Manufacturer</td>
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<tr>
<td>Device</td>
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<tr>
<td>Membrane Replaced?</td>
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<tr>
<td>Reason?</td>
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</tbody>
</table>

**Blood Pump**  
<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date/Time</td>
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<tr>
<td>End Date/Time</td>
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<tr>
<td>Manufacturer</td>
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<tr>
<td>Device</td>
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<tr>
<td>Pump Replaced?</td>
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<td>Reason?</td>
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</tbody>
</table>

### Other Equipment

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Device</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat Exchanger</td>
<td></td>
</tr>
<tr>
<td>Hemofilter</td>
<td></td>
</tr>
<tr>
<td>Temp Regulation Device</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Membrane Lung</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date/Time</td>
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<td>End Date/Time</td>
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**Blood Pump**  
<table>
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<th>#4</th>
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<tr>
<td>Start Date/Time</td>
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</table>

### Other Equipment

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Device</th>
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<tbody>
<tr>
<td>Heat Exchanger</td>
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<td>Hemofilter</td>
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<td>Temp Regulation Device</td>
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</tr>
</tbody>
</table>

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Duplicate this page as required for multiple changes
**Add New Mode Conversion** (this section to be used only for mode conversions – must enter a Stop Date/Time for the initial mode)

ECLS Start Date/Time: __________________________

ECLS/Mode Stop Date/Time: ________________

**ECLS mode:**
- [ ] V-A (Venoarterial)
- [ ] V-V (Venovenous)
- [ ] V-VA (Veno venoarterial)
- [ ] A-VCO2R
- [ ] VV-ECCO2R
- [ ] Other
- [ ] Unknown

<table>
<thead>
<tr>
<th>Cannulas Placed for this Mode of ECLS</th>
<th>Cannula #1</th>
<th>Cannula #2</th>
<th>Cannula #3</th>
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<td>Site (Note if Drain Y/N)</td>
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</tbody>
</table>

**Note:** Times will autopopulate with time on and off ECLS. Only note new date/time for cannulas placed during the run.

**Add Another Mode Conversion** (this section to be used only for mode conversions – must enter a Stop Date/Time for the previous mode)

ECLS Start Date/Time: __________________________

ECLS/Mode Stop Date/Time: ________________

**ECLS mode:**
- [ ] V-A (Venoarterial)
- [ ] V-V (Venovenous)
- [ ] V-VA (Veno venoarterial)
- [ ] A-VCO2R
- [ ] VV-ECCO2R
- [ ] Other
- [ ] Unknown

<table>
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<th>Cannulas Placed for this Mode of ECLS</th>
<th>Cannula #1</th>
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<td>Start Date/Time</td>
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<td>Manufacturer</td>
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</tbody>
</table>

**Note:** Times will autopopulate with time on and off ECLS. Only note new date/time for cannulas placed during the run.

**Duplicate this page as required for multiple mode changes**
### ICD-10 Diagnoses

<table>
<thead>
<tr>
<th>Primary Diagnosis:</th>
<th>(check box as primary)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Secondary Diagnoses: (unlimited)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### CPT Procedure Codes

(List all relevant procedures related to the patient even if preceding this admission)

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Estimated?</th>
<th>Code/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### ECLS Complications (Refer to ELSO Data Definitions for Specific Details)

Enter multiple complications of the same type by ‘add new complication’ with new date/time. Complications that ‘continue’ for several days only need the first date of occurrence.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Mechanical</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oxygenator Failure</td>
<td>Requiring change due to clot formation or gas exchange failure or blood leak.</td>
</tr>
<tr>
<td></td>
<td>Pump Failure</td>
<td>Requiring hand cranking or pump exchange.</td>
</tr>
<tr>
<td></td>
<td>Raceway Rupture</td>
<td>In a roller pump rupture of the raceway tubing.</td>
</tr>
<tr>
<td></td>
<td>Other Tubing Rupture</td>
<td>Rupture of ECLS tubing.</td>
</tr>
<tr>
<td></td>
<td>Cannula Problems</td>
<td>Requiring intervention (reposition or exchange) for misplacement, dislodgement, replacement due to clots/fibrin, mechanical failure or inappropriate position.</td>
</tr>
<tr>
<td></td>
<td>Circuit Change</td>
<td>Entire circuit (with exception of cannulae) changed due to clot formation or mechanical failure.</td>
</tr>
<tr>
<td></td>
<td>Heat Exchanger Malfunction</td>
<td>Malfunction of heat exchanger leading to unintentional hypothermia &lt;35°C or hyperthermia &gt;39</td>
</tr>
<tr>
<td></td>
<td>Thrombosis/Clots: Circuit Component</td>
<td>Circuit component (e.g. pigtails, connectors, bridge, arterial or venous tubing) requiring change due to clot formation or mechanical failure.</td>
</tr>
<tr>
<td></td>
<td>Clots Hemofilter</td>
<td>Clots in hemofilter causing hemofilter to need to be changed or to fail.</td>
</tr>
<tr>
<td></td>
<td>Air in Circuit</td>
<td>Requiring circuit intervention or circuit clamping for bubble detector alarm, visualized air, air entry into patient.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Hemorrhage</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GI Hemorrhage</td>
<td>Upper or lower GI hemorrhage requiring PRBC transfusion (&gt;20ml/kg/24 hrs of PRBCs or &gt;3U PRBCs/24 hrs in neonates and pediatrics or &gt;3U PRBCs/24 hrs in adults), and/or, endoscopic intervention, and/or hemostatic agent deployment.</td>
</tr>
<tr>
<td></td>
<td>Peripheral Cannulation Site Bleeding</td>
<td>Select this complication if there is bleeding from a peripheral cannulation site such as the neck, groin, or axilla.</td>
</tr>
<tr>
<td></td>
<td>Mediastinal Cannulation Site Bleeding</td>
<td>Select this complication if there is bleeding from cannulae that are placed across the mediastinum.</td>
</tr>
<tr>
<td></td>
<td>Surgical Site Bleeding</td>
<td>Select this complication if there is bleeding from a surgical site other than mediastinal or peripheral cannulation site.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Neurological</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brain Death</td>
<td>Select this complication if a patient suffered brain death or neurological determination of death.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please refer to Data Definitions for specific criteria.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Neurological</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Seizures Clinically Determined</td>
<td>Clinically determined by assessment.</td>
</tr>
<tr>
<td></td>
<td>Seizures Confirmed by EEG</td>
<td>Confirmed by Electroencephalograph.</td>
</tr>
<tr>
<td>Date/Time</td>
<td>Neurological</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>CNS Diffuse Ischemia (CT/MRI)</td>
<td>CT or MRI demonstrating diffuse ischemic changes</td>
</tr>
<tr>
<td></td>
<td>CNS Infarction (US or CT or MRI)</td>
<td>CT or US or MRI demonstrating localized ischemic change</td>
</tr>
<tr>
<td></td>
<td>Intra/extra Parenchymal CNS Hemorrhage (US or CT or MRI)</td>
<td>May be intraparenchymal, subdural or subarachnoid</td>
</tr>
<tr>
<td></td>
<td>Intraventricular CNS Hemorrhage (US or CT or MRI)</td>
<td>&gt;= Grade 2 IVH on US, CT or MRI</td>
</tr>
<tr>
<td></td>
<td>Neurosurgical intervention performed</td>
<td>Neurosurgical procedure performed during ECLS run (e.g. intracranial pressure monitor, external ventricular drain, craniotomy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Renal</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Creatinine 1.5 – 3.0</td>
<td>After ECMO start time, patient newly acquires a creatinine serum measurement of 1.5-3.0</td>
</tr>
<tr>
<td></td>
<td>Creatinine &gt; 3.0</td>
<td>After ECMO start time, patient newly acquires a creatinine serum measurement of &gt;3.0</td>
</tr>
<tr>
<td></td>
<td>Renal Replacement Therapy Required</td>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Cardiovascular</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CPR Required</td>
<td>Chest compressions and cardiopulmonary resuscitation required during ECLS run</td>
</tr>
<tr>
<td></td>
<td>Cardiac Arrhythmia</td>
<td>Requiring antiarrhythmic medication infusion, overdrive pacing, cardioversion or defibrillation</td>
</tr>
<tr>
<td></td>
<td>Tamponade (not blood)</td>
<td>Tamponade during ECLS run requiring pericardial drain or mediastinal washout</td>
</tr>
<tr>
<td></td>
<td>Tamponade (blood)</td>
<td>Tamponade during ECLS run requiring pericardial drain or mediastinal washout</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Pulmonary</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pneumothorax</td>
<td>Requiring insertion of chest drain</td>
</tr>
<tr>
<td></td>
<td>Pulmonary Hemorrhage</td>
<td>Requiring pRBC transfusion (&gt;20ml/kg/24 hrs of PRBCS or &gt;3U PRBCs/24 hrs in neonates and pediatrics and &gt;3U PRBCS/24 hrs in adults)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Metabolic</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hyperbilirubinemia</td>
<td>For neonatal patients (&lt; 28 days) = conjugated bilirubin &gt;20umol/L (&gt;1.2mg/dL). For pediatric (&gt;30days) or adult patients = total bilirubin &gt;170umol/L (&gt;10mg/dL) or conjugated bilirubin &gt;51umol/L (&gt;3mg/dL). Or need for extracorporeal purification for elevated bilirubin</td>
</tr>
<tr>
<td></td>
<td>Moderate Hemolysis</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Severe Hemolysis</td>
<td>Peak plasma hemoglobin &gt;100mg/dL or &gt;1000 mg/L occurring at least once during ECLS run. Sustained for at least 2 consecutive days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Patient Limb</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fasciotomy</td>
<td>Fasciotomy performed secondary to compartment syndrome from ECLS cannulation (fasciotomy performed during ECLS hospitalization)</td>
</tr>
<tr>
<td></td>
<td>Limb Amputation</td>
<td>Limb amputation secondary to complications from ECLS run (amputation performed during ECLS hospitalization)</td>
</tr>
<tr>
<td></td>
<td>Limb Ischemia Requiring Limb Reperfusion Cannula</td>
<td>Post peripheral cannulation, requiring addition of limb reperfusion cannula &gt;=6 hrs post cannulation</td>
</tr>
</tbody>
</table>
Infections (pre and those occurring on ECMO)

<table>
<thead>
<tr>
<th>Date/Time/Estimated?</th>
<th>Culture Site</th>
<th>Organism Type</th>
<th>Organism</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Sites: Blood, Bone, Cerebrospinal fluid, Peritoneal fluid, Pleural fluid, Respiratory tract, Skin/soft tissue, Stool, Urine, Wound – surgical, Wound – traumatic, Other, Unknown

Type: All, Unknown, Gram + Bacteria, Gram – Bacteria, Mycobacterium, Fungus (yeast and mold), Viruses and Prions, Protozoa

Organisms are listed in the Data Definitions. If an organism is not listed, please contact prycus@elso.org

Outcomes

Discontinuation Reason (Why the patient was separated from ECLS)

- Unknown
- Expected recovery
- Poor prognosis
- Resource limitation
- ECLS complication
- Transition to VAD Support
- Pumpless Lung Assist (Pa to LA)
- Heart transplant
- Lung transplant
- Heart and lung transplant

Cannulation Repair

- None
- Internal Jugular Vein
- Both Carotid and Jugular
- Other

Extubated

- Endotracheally extubated > 48 hrs
- N/A - Transferred intubated
- N/A - N/A - Other
- N/A - Tracheostomy
- N/A - Intubated at time of death

Oral Endotracheal Tube Removed Date/Time: ______________________

Discharged Alive

- Yes
- No
- On ECMO

ICU Discharge Date/Time: ______________________

Hospital Discharge Date/Time: ______________________

Death Date/Time: ______________________

Discharge Location

- Home
- Transferred to Other Hospital
- Other
- Transferred to Long Term Care or Rehab
- Transfer to Hospice
- Unknown

Form completed by: ______________________  
Completed date is automatically added when you submit the run.

Select Validate Data – to assure mandatory fields complete, dates are correct.
Select Submit and Lock – to finalize the record and submit to ELSO.