

# ECLS Trauma Addendum Form

## Extracorporeal Life Support Organization (ELSO)

Please refer to the ELSO Registry Trauma Data Definitions Document for Details

Unique ID: \_\_\_\_\_ Associated Run Number: \_\_\_\_\_  
 Note: Unique and Center IDs must match exactly with the corresponding ECLS Registry Form

**ECLS Indication (Select at least one)**

- Pulmonary Failure     
  Cardiac Failure (includes cardiogenic shock)     
  Cardiac Arrest  
 Hemorrhagic Shock     
  Septic Shock     
  Enable Lung Protective Ventilation     
  Rewarming

**Injury Specific Data**

- Trauma Date/Time: \_\_\_\_\_  Estimated?
- Mechanism of Injury:  Blunt   
 Penetrating   
 Burns with or without inhalation injury ➔ % BSA Burned \_\_\_\_\_
- Trauma Related Injuries: Select all that apply, at least one must be selected
- Traumatic Brain Injury with Bleeding     
  Traumatic Brain Injury without bleeding (increased ICP <20mmHg)  
 Unstable Spine Injury     
  Long Bone Fractures (min 2 fractures)   
 Pelvic Fracture     
 Chest Trauma  
 Tracheal/Bronchial Injury   
 Cardiac Injury     
 Abdominal Trauma     
 Great Vessel Injury

These injuries may be selected, but must accompanied by an injury above:

- Crush Injury     
  Inhalation Injury

**Abbreviated Injury Scores (At least one AIS option must be 'yes')**

- Select yes or no for each category
- Enter a score 0 – 6 for each applicable selection. Form will automatically calculated total Injury Severity Score

AIS Head _____	AIS Face _____	AIS Neck _____
AIS Thorax _____	AIS Abdomen _____	AIS Spine _____
AIS Upper Extremity _____	AIS Lower Extremity _____	AIS External/Other _____

**Surgical or Invasive Procedures on ECLS**

- Each procedure requires a date/time. Time may be estimated by checkbox

Did the patient have a surgical procedure on ECLS?     Yes       No

- |   |   |
|---|---|
| <input type="checkbox"/> Intracranial Pressure Monitor _____        | <input type="checkbox"/> Ext Ventricular Drain _____                    |
| <input type="checkbox"/> Craniotomy/Craniectomy _____               | <input type="checkbox"/> Thoracotomy with Reconstruction _____          |
| <input type="checkbox"/> Thoracic Drain w/ or w/o Thoracotomy _____ | <input type="checkbox"/> Thoracotomy without Reconstruction _____       |
| <input type="checkbox"/> Cardiac Surgery _____                      | <input type="checkbox"/> Pericardial drain _____                        |
| <input type="checkbox"/> Great Vessel Surgical Repair _____         | <input type="checkbox"/> Great Vessel Repair Stenting _____             |
| <input type="checkbox"/> REBOA _____                                | <input type="checkbox"/> Pelvic stabilization/Fixateur _____            |
| <input type="checkbox"/> Radiological Embolization of Hemm. _____   | <input type="checkbox"/> Laparotomy _____                               |
| <input type="checkbox"/> ORIF, Spinal Stabilization _____           | <input type="checkbox"/> Surgical Debridement/Fasciotomy _____          |
| <input type="checkbox"/> Escharotomy _____                          | <input type="checkbox"/> Other (e.g. disarticulation, amputation) _____ |

Damage Control Surgery?     Yes       No       Unknown

Pre-ECLS Course

Pre Hemoglobin: \_\_\_\_\_g/dl (lowest level within 24 hours before cannulation)

Did this patient receive any blood products within 24 hours prior to ECLS Cannulation?  Yes  No

Please list the total amount of each product transfused within 24 hours prior to ECLS Cannulation:

pRBC \_\_\_\_\_ mL  Estimated?

FFP \_\_\_\_\_ mL  Estimated?

Platelets \_\_\_\_\_ mL  Estimated?

If estimated please use the following to calculate a value for each unit transfused:

1U Packed Red Blood Cells (pRBC) = 350 mL

1U Fresh Frozen Plasma (FFP) = 200 – 250 mL

1U Platelets = 250 – 350 mL

Please check whether any of the following products were used within the 24 hours prior to ECLS Cannulation:

Cryoprecipitate

Amicar/TXA

Factor VIIa

First 72 hours on ECLS Course

Did this patient receive any blood products within 72 hours after ECLS Cannulation?  Yes  No

Please list the total amount of each product transfused within 72 hours after ECLS Cannulation:

pRBC \_\_\_\_\_ mL  Estimated?

FFP \_\_\_\_\_ mL  Estimated?

Platelets \_\_\_\_\_ mL  Estimated?

If estimated please use the following to calculate a value for each unit transfused:

1U Packed Red Blood Cells (pRBC) = 350 mL

1U Fresh Frozen Plasma (FFP) = 200 – 250 mL

1U Platelets = 250 – 350 mL

Please check whether any of the following products were used within the 72 hours after ECLS Cannulation:

Cryoprecipitate

Amicar/TXA

Factor VIIa

Was the patient Anticoagulation Free for more than 24 hours after ECLS Cannulation?

Yes

No

Unknown

For question or concerns regarding the Trauma Addendum please email [jswol@icloud.com](mailto:jswol@icloud.com)