

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"/> Thorocotomy with Reconstruction _____ |
| <input type="checkbox"/> Thoracic Drain w/ or w/o Thoracotomy _____ | <input type="checkbox"/> Thorocotomy 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:

<input type="checkbox"/> pRBC _____ mL	<input type="checkbox"/> 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
<input type="checkbox"/> FFP _____ mL	<input type="checkbox"/> Estimated?	
<input type="checkbox"/> Platelets _____ mL	<input type="checkbox"/> Estimated?	

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:

<input type="checkbox"/> pRBC _____ mL	<input type="checkbox"/> 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
<input type="checkbox"/> FFP _____ mL	<input type="checkbox"/> Estimated?	
<input type="checkbox"/> Platelets _____ mL	<input type="checkbox"/> Estimated?	

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