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
☐ Intracranial Pressure Monitor _______________ ☐ Ext Ventricular Drain _______________
☐ Craniotomy/Craniectomy _______________ ☐ Thoracotomy with Reconstruction _______________
☐ Thoracic Drain w/ or w/o Thoracotomy _______________ ☐ Thoracotomy without Reconstruction _______________
☐ Cardiac Surgery _______________ ☐ Pericardial drain _______________
☐ Great Vessel Surgical Repair _______________ ☐ Great Vessel Repair Stenting _______________
☐ REBOA _______________ ☐ Pelvic stabilization/Fixateur _______________
☐ Radiological Embolization of Hemm. _______________ ☐ Laparotomy _______________
☐ ORIF, Spinal Stabilization _______________ ☐ Surgical Debridement/Fasciotomy _______________
☐ Escharotomy _______________ ☐ 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?  If estimated please use the following to calculate a value for each unit transfused:
□ FFP __________ mL  □ Estimated?  1U Packed Red Blood Cells (pRBC) = 350 mL
□ Platelets __________ mL  □ Estimated?  1U Fresh Frozen Plasma (FFP) = 200 – 250 mL
□ Platelets __________ mL  □ Estimated?  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?  If estimated please use the following to calculate a value for each unit transfused:
□ FFP __________ mL  □ Estimated?  1U Packed Red Blood Cells (pRBC) = 350 mL
□ Platelets __________ mL  □ Estimated?  1U Fresh Frozen Plasma (FFP) = 200 – 250 mL
□ Platelets __________ mL  □ Estimated?  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