

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 ➔ % TBSA 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 have value greater than 0)

- 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:

☐ 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