UED CODE ECMO PROCESS and MD RESPONSIBILITIES

Inclusion Criteria for CODE ECMO

- Age <65
- No End Stage/Chronic Illness
- No known severe neurologic disability, poor baseline functional status
- No severe/uncontrollable bleeding
- Arrest IN ED, or EN ROUTE TO ED
 - <5 min NO FLOW TIME, <20 min TOTAL ARREST TIME
- Never in Asystole

CALL 6-3266 OR OPERATOR TO PAGE OUT CODE ECMO, GIVE PATIENT LOCATION (UED RESUS BAY) AND CALLBACK NUMBER

ED ATTENDING RESPONSIBILITIES

- 1. PAGE CODE ECMO
- 2. DISCUSS CASE WITH ECMO ATTENDING, INTERFACE WITH ECMO TEAM ON ARRIVAL
- 3. MOVE PATIENT TO RESUS
- 4. INSTRUCT RESIDENT TO SECURE AIRWAY (IF NOT ALREADY SECURED) WHILE YOU RUN CODE
- 5. CONFIRM GOOD VASCULAR ACCESS
- 6. CONFIRM LUCAS DEVICE IN PLACE
- 7. SEND ECMO LABS (**order set in process)
 - a. LACTIC ACID
 - b. ABG/VBG
 - c. COAGS
 - d. T&S
- 8. ENSURE HIGH QUALITY ACLS
 - a. NO LYTICS, everything else OK
- 9. ONCE CANNULATION HAS STARTED:
 - a. CONTINUOUS COMPRESSIONS, NO FURTHER PULSE CHECKS
 - i. PAUSE ONLY AS NEEDED FOR CANNULATION
 - b. NO FURTHER EPINEPHRINE
 - c. NO FURTHER SHOCKS
 - d. ALL OTHER DRUGS OK AS INDICATED
- 10. ADMINISTER 5000U IV HEPARIN ONCE WIRES ARE IN PLACE
- 11. HANG ALBUMIN UNLESS CONTRAINDICATED

ED RESIDENT RESPONSIBILITIES

- 1. ESTABLISH AIRWAY (ETT PREFERRED)
- 2. MOVE TO PATIENT'S LEFT SIDE
 - a. ASSIST WITH ULTRASOUND OPERATION
 - b. ONCE VASCULAR ACCESS ESTABLISHED SWITCH TO CARDIAC PROBE, SUBCOSTAL VIEW
 - i. VISUALIZE WIRE IN IVC AS IT'S BEING ADVANCED
 - ii. VISUALIZE WIRE IN AORTA (OR NO SECOND WIRE IN IVC) AS IT'S BEING ADVANCED
- 3. CONSIDER CVL (IJ PREFERRED) IF FEASIBLE
- 4. PLACE R RADIAL A-LINE WHEN FEASIBLE

POST INITIATION OF ECMO

- 1. ATTEMPT DEFIBRILLATION (if in shockable rhythm)
- 2. CXR
- 3. EKG
- 4. PAN-SCAN
- 5. CONSIDER CATH LAB FOR SUSPECTED ACUTE CORONARY OCCLUSION, THROMBECTOMY FOR SUSPECTED PTE
- 6. VENTILATOR TO MINIMAL SETTINGS
- 7. GENERAL POST ARREST CARE
 - a. Fluids, vasopressors, blood, abx, etc... as indicated
- 8. ADMIT TO APPROPRIATE UNIT