

Please complete if patient is admitted as an ECMO assessment or is placed on ECMO during their standard PICU admission to an ECMO centre.

Patient details (or hospital label)

Family name <input style="width:95%; height: 20px;" type="text"/>	Postcode <input style="width:25%; height: 20px;" type="text"/> <input style="width:25%; height: 20px;" type="text"/> <input style="width:25%; height: 20px;" type="text"/>	Case note number <input style="width:95%; height: 20px;" type="text"/>
First name <input style="width:95%; height: 20px;" type="text"/>	NHS/CHI/H&C number <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/>	Date of birth (dd/mm/yyyy) <input style="width:15%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/>

ECMO details

ECMO status

Admitted for assessment – not a candidate

Admitted for assessment – did not require ECMO

Admitted for assessment – placed on ECMO

Admitted on ECMO

Admitted for PICU care, placed on ECMO later

Reason for starting ECMO

Circulatory failure

Respiratory failure

ECPR

Cannulation and ECMO started in

PICU/Cardiac PICU

NICU

A & E

Adult ICU

Cardiac theatre

Cardiac catheter lab

Other theatre

Other (specify)

Cardiac surgical patient?

Yes

No

If cardiac-surgical patient

Preoperative

Theatre

Post-surgery ECPR

Post-surgery (not ECPR)

Not related to surgery

Additional information

Cannula change?

Yes

No

Left sided decompression?

Yes → LA vent

No Septostomy

Both

Re-operation or catheter intervention?

Yes

No

Renal replacement therapy during ECMO run?

Yes

No

If yes

Reason for RRT (select all that apply)

Acute kidney injury → Stage I

Fluid removal Stage II

Anuria Stage III

Hyperkalaemia

Acidosis

Other (specify)

ECMO run complications (select all that apply)

No complication

Mechanical

Haemorrhage

Neurology

Renal

Cardiovascular

Pulmonary

Metabolic

Limb

Other

Plasma exchange?

Yes

No

Bloodstream infections (select all that apply)

Not tested

No infection

Gram + Bacteria

Gram – Bacteria

Mycobacterium

Fungus (yeast & mould)

Virus & Prions

Protozoa

Other

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For information about this custom data collection, go to picanet.org.uk/data-collection/customised-data-collection/

ECMO runs**Total number of ECMO runs****RUN 1****Date ECMO run 1 started**/ / 20 **Time ECMO run 1 started**: **ECMO mode**

- VV
 VA
 VVA
 Other (specify)

Dual lumen Tick if not applicable

- Percutaneous Surgical
 Left Right

Drainage cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Jugular Femoral
 Left Right

Return cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Neck Femoral
 Left Right

Additional drainage cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Jugular Femoral
 Left Right

RUN 2**Date ECMO run 2 started**/ / 20 **Time ECMO run 2 started**: **ECMO mode**

- VV
 VA
 VVA
 Other (specify)

Dual lumen Tick if not applicable

- Percutaneous Surgical
 Left Right

Drainage cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Jugular Femoral
 Left Right

Return cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Neck Femoral
 Left Right

Additional drainage cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Jugular Femoral
 Left Right

ECMO cannulation/mode changes**Total number of ECMO cannulation/mode changes****MODE CHANGE 1****Date mode change 1 started**/ / 20 **Time mode change 1 started**: **ECMO mode**

- VV
 VA
 VVA
 Other (specify)

Dual lumen Tick if not applicable

- Percutaneous Surgical
 Left Right

Drainage cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Jugular Femoral
 Left Right

Return cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Neck Femoral
 Left Right

Additional drainage cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Jugular Femoral
 Left Right

MODE CHANGE 2**Date mode change 2 started**/ / 20 **Time mode change 2 started**: **ECMO mode**

- VV
 VA
 VVA
 Other (specify)

Dual lumen Tick if not applicable

- Percutaneous Surgical
 Left Right

Drainage cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Jugular Femoral
 Left Right

Return cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Neck Femoral
 Left Right

Additional drainage cannula Tick if not applicable

- Percutaneous Surgical
 Central Peripheral
 Jugular Femoral
 Left Right

Decannulation and follow up**Indication for decannulation**

- Recovery
 Died on ECMO or ECMO withdrawn
 Conversion to VAD
 Heart transplant
 Not decannulated prior to discharge

*If decannulated prior to discharge***Date and time of decannulation**/ / 20 : **Date and time of decannulation for ECMO run 2 (if applicable)**/ / 20 : **Date and time ready for discharge from ECMO centre**/ / 20 : **Neurological status at discharge**

- Normal
 Mild disability
 Moderate disability
 Severe disability
 Vegetative state
 Dead
 Unknown

Alive at 30 days post ECMO?

- Yes No Unknown

Alive at 180 days post ECMO?

- Yes No Unknown

Date and time of death (if applicable)/ / 20 : **Follow up neurological assessment by 180 days post ECMO?**

- Yes No

Neurological status at 180 days post ECMO

- Normal
 Mild disability
 Moderate disability
 Severe disability
 Vegetative state
 Dead
 Unknown

Comments