## PICA A Paediatric Intensive Care Audit Network · Data collection form ECMO admission

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

Patient details (or hospital label)					
Family name	Postcode		Case note number		
First name	NHS/CHI/H&C numb	er	Date of birth (dd/mm/yyyy)		
Admission details					
ECMO status		Neurological status	on admission		
Admitted for assessment – not a candidate		Normal			
Admitted for assessment – did not require ECMO		Mild disability			
		Moderate disability			
Admitted for assessment – placed on ECMO		Severe disability			
Admitted on ECMO		Vegetative state			
Admitted for PICLI care, placed on ECMO lat					
Admitted for PICU care, placed on ECMO later Date of referral decision			ision		
patient was admitted for assessment but ultimately did not receive			/ 2 0		
ECMO, follow up information is still required to be completed					
ECMO details	Additional informat	tion			
Reason for starting ECMO	Cannula change?		ECMO www.complications.(coloct.cll		
_	Yes		ECMO run complications (select all that apply)		
Circulatory failure	🗌 No		No complication		
Respiratory failure	Left sided decompre	Mechanical			
ECPR	Left sided decompression?		Haemorrhage		
Cannulation and ECMO started in	└ Yes → L LA vent		Neurology		
PICU/Cardiac PICU	L No	Septostomy	Renal		
	Impella/Balloon device Cardiovascular				
Emergency department	Re-operation or catheter intervention?		Pulmonary     Metabolic		
Adult ICU					
			Other		
Cardiac theatre					
Cardiac catheter lab	Renal replacement therapy during		Plasma exchange?		
Other theatre	ECMO run?		Yes		
Other ( <i>specify</i> )	Yes		🗌 No		
	 No				
Cardiac surgical patient?	If yes		<b>Bloodstream infections</b> (select all that apply)		
	Reason for RRT (sel	ect all that apply)	Not tested		
Yes	Acute kidney injury -		No infection		
No	Fluid removal Stage 2		Gram + Bacteria		
If cardiac-surgical patient	Anuria Stage 3		Gram – Bacteria		
Preoperative	Hyperkalaemia		Mycobacterium		
Theatre	Acidosis		Fungus (yeast & mould)		
	Other (specify)		Virus & Prions		
Post-surgery ECPR					
Post-surgery (not ECPR)			Other		
Not related to surgery					

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ECMO runs		ECMO cannulation/mode changes		
Total number of ECMO runs		Total number of ECMO cannulation/mode changes		
RUN 1	RUN 2	CHANGE 1	CHANGE 2	
Date and time run started	Date and time run started	Date and time change started	Date and time change started	
ECMO mode VV VA VA Other ( <i>specify</i> ) Cannula type Dual lumen Single lumen	ECMO mode VV VA VA Other ( <i>specify</i> ) Cannula type Dual lumen Single lumen	ECMO mode VV VA VA Other ( <i>specify</i> ) Cannula type Dual lumen Single lumen	ECMO mode VV VA VA Other ( <i>specify</i> ) Cannula type Dual lumen Single lumen	
Dual lumen (if applicable)         Percutaneous       Surgical         Left       Right         Drainage cannula (if single lumen)         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right         Return cannula (if single lumen)         Percutaneous       Surgical         Central       Peripheral         Neck       Femoral         Neck       Femoral         Left       Right         Additional drainage cannula       Tick if not applicable         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right	Dual lumen (if applicable)         Percutaneous       Surgical         Left       Right         Drainage cannula (if single lumen)         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right         Return cannula (if single lumen)         Percutaneous       Surgical         Central       Peripheral         Neck       Femoral         Neck       Femoral         Left       Right         Additional drainage cannula       Tick if not applicable         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right         Additional drainage cannula       Tick if not applicable         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right	Dual lumen (if applicable)         Percutaneous       Surgical         Left       Right         Drainage cannula (if single lumen)         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right         Return cannula (if single lumen)         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right         Return cannula (if single lumen)         Percutaneous       Surgical         Central       Peripheral         Neck       Femoral         Left       Right         Additional drainage cannula         Tick if not applicable         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Jugular       Femoral         Left       Right	Dual lumen (if applicable)         Percutaneous       Surgical         Left       Right         Drainage cannula (if single lumen)         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right         Return cannula (if single lumen)         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right         Additional drainage cannula       Tick if not applicable         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Left       Right         Additional drainage cannula       Tick if not applicable         Percutaneous       Surgical         Central       Peripheral         Jugular       Femoral         Jugular       Femoral         Left       Right	
		ost ? by 180 di ECMO/as Period ECMO/as Dorma Mild di Moder Severa Severa Dead ? Unknown Dead ?	Neurological status at 180 days post         ECMO/assessment         Normal         Mild disability         Moderate disability         Severe disability         Vegetative state	
Comments		Form comp	leted by	

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