

Please complete for all referrals for ECMO support, whether or not clinicians decide the patient is a candidate for ECMO.

Patient details (or hospital label)

Family name

First name

Postcode

NHS/CHI/H&C number

Tick if patient is not eligible for number

Date of birth (dd/mm/yyyy)

Not estimated  
 Estimated  
 Anonymised

Sex

Male  Female  Ambiguous

ECMO referral details

Date and time of initial referral call

Referral number

Initial referring unit (where patient was at time of referral call)

Referring area

X-ray/endoscopy/CT scanner  Ward  
 Recovery only  Theatre and recovery  
 PICU  Emergency department (A&E)  
 NICU  Other transport service  
 ICU (adult)  Other intermediate care area  
 Level 2 unit (HDU)

Referring speciality

ECMO referral outcome

ECMO support requested

Respiratory  
 Cardiac  
 Both

Date and time of referral decision

Referral decision

Accepted at initial ECMO centre  
 Referred to other ECMO centre – no staffed bed  
 Referred to other ECMO centre – other specialist service required  
 Did not require ECMO assessment at the time of referral, but patient considered a candidate for ECMO  
 Not ECMO candidate (specify reason)

Reason not ECMO candidate (select all that apply)

Pre-existing comorbidity  
 Poor prognosis due to condition at time of referral  
 Other (specify)

Second opinion sought?

Yes  No

ECMO centre providing second opinion

Accepting ECMO centre

If referred to other ECMO centre

Number of additional ECMO centres referred to prior to accepting centre (excluding initial and accepting centre)

Record the names of the additional centres in chronological order of referral

Transport decision

Accepted for conventional retrieval  
 Accepted for mobile ECMO  
 Transport not requested

Mode of transport

Conventional by road  
 Conventional by air  
 Mobile ECMO by road  
 Mobile ECMO by air

Transport team

Transport outcome

Patient transported  
 Not transported – condition improved  
 Not transported – condition deteriorated  
 Not transported – other reason  
 Patient died before transport team arrived  
 Patient died while transport team present  
 Patient died during transit

Admission outcome

Admitted to PICU only  
 Admitted for ECMO assessment  
 Admitted on ECMO

Follow-up post referral

Status at 30 days post referral?

Alive  Dead  Unknown

Status at 180 days post referral?

Alive  Dead  Unknown

Date and time of death (dd/mm/yyyy)

Comments

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