

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)**

<b>Family name</b> <input type="text"/>	<b>Postcode</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Case note number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>First name</b> <input type="text"/>	<b>NHS/CHI/H&amp;C number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Date of birth (dd/mm/yyyy)</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Admission details**

<b>ECMO status</b> <input type="checkbox"/> Admitted for assessment – not a candidate <input type="checkbox"/> Admitted for assessment – did not require ECMO <input type="checkbox"/> Admitted for assessment – placed on ECMO <input type="checkbox"/> Admitted on ECMO <input type="checkbox"/> Admitted for PICU care, placed on ECMO later  <i>If patient was admitted for assessment but ultimately did not receive ECMO, follow up information is still required to be completed</i>	<b>Neurological status on admission</b> <input type="checkbox"/> Normal <input type="checkbox"/> Mild disability <input type="checkbox"/> Moderate disability <input type="checkbox"/> Severe disability <input type="checkbox"/> Vegetative state <input type="checkbox"/> Dead  <b>Date of referral decision</b> <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>
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**ECMO details**

**Reason for starting ECMO**

Circulatory failure  
 Respiratory failure  
 ECPR

**Cannulation and ECMO started in**

PICU/Cardiac PICU  
 NICU  
 Emergency department  
 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  
 Impella/Balloon device

**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 1  
 Fluid removal  Stage 2  
 Anuria  Stage 3  
 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

**ECMO runs**

Total number of ECMO runs

**RUN 1**

Date and time run started

ECMO mode

- VV  
 VA  
 VVA  
 Other (specify)

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  
 Left  Right

Additional drainage cannula

 Tick if not applicable

- Percutaneous  Surgical  
 Central  Peripheral  
 Jugular  Femoral  
 Left  Right

**RUN 2**

Date and time run started

ECMO mode

- VV  
 VA  
 VVA  
 Other (specify)

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  
 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

**CHANGE 1**

Date and time change started

ECMO mode

- VV  
 VA  
 VVA  
 Other (specify)

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  
 Left  Right

Additional drainage cannula

 Tick if not applicable

- Percutaneous  Surgical  
 Central  Peripheral  
 Jugular  Femoral  
 Left  Right

**CHANGE 2**

Date and time change started

ECMO mode

- VV  
 VA  
 VVA  
 Other (specify)

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  
 Left  Right

Additional drainage cannula

 Tick if not applicable

- Percutaneous  Surgical  
 Central  Peripheral  
 Jugular  Femoral  
 Left  Right

**Decannulation**

Indication for decannulation

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

*If decannulated prior to discharge*

Date and time of decannulation for ECMO run 1 (if applicable)

Date and time of decannulation for ECMO run 2 (if applicable)

**ECMO follow up**

Neurological status at discharge

- Normal  
 Mild disability  
 Moderate disability  
 Severe disability  
 Vegetative state  
 Dead

Status at 30 days post-ECMO / assessment?

- Alive  Dead  Unknown

Status at 180 days post-ECMO / assessment?

- Alive  Dead  Unknown

Date and time of death (time if available)

Follow up neurological assessment by 180 days post-ECMO / assessment?

- Yes  No

*If yes*

Neurological status at 180 days post-ECMO / assessment

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

**Comments**

Form completed by