# How to complete the PICANet ECMO Referral data collection form

NHS number (England and Wales), CHI number (Scotland), H&C number (Northern Ireland)—patient not eligible if overseas national who does not have an allocated number

Record **family name**, **first name** and **postcode**. If not known, record *UNKNOWN* and state reason why in comments section

Date and time of initial referral call - The actual date and time when the initial referral call for ECMO consideration was made to the ECMO centre

**Referral number** - Unique identifier assigned to each consecutive referral event. As recorded within your organisation to identify each referral episode.

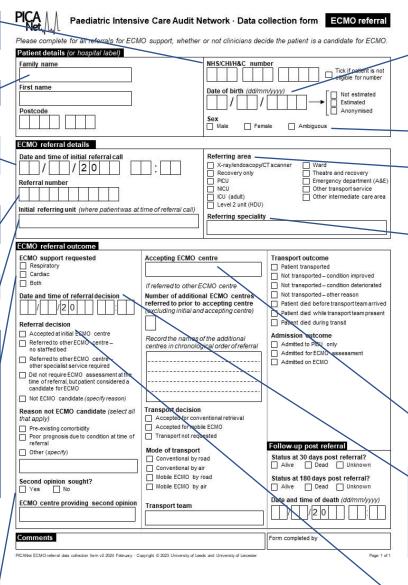
Initial referring unit - Identifies the referring hospital, DGH or PICU where the child is located at the time of the referral call.

**ECMO** support requested - Defines the Support type of ECMO that is likely to be required

- Respiratory The use of extracorporeal membrane oxygenation with a primary indication for support of respiratory failure by providing gas exchange support. Does not imply ECLS mode or cannula configuration
- Cardiac The use of extracorporeal membrane oxygenation with a primary indication for support of left and/or right ventricle failure by providing cardiac and gas exchange support. Does not imply any specific ECLS mode or cannulation configuration
- Both Mixture of both respiratory and cardiac definitions above.

**Second opinion sought** - Specifies whether the referring centre sought a second opinion .

If second opinion sought specify **ECMO centre providing** second opinion



Date of Birth

- Not estimated The child's date of birth as recorded on the child's birth certificate or other appropriate document
- Estimated if DOB unknown, estimate year by looking at child (so age can be calculated) and enter 01/01 for dd/mm
- Anonymised tick if anonymising. Enter 01 for dd along with correct month and year

**Sex** - Identifies the genotypical sex of the child at referral or admission to this paediatric intensive care service.

**Referring area** - Identifies the care area where the child is located at the time of the referral call.

**Referring speciality** - Specialty from which this request for ECMO admission is made. Record the parent specialty of the doctor who made the ECMO referral. Examples:

- A patient is admitted to A & E with respiratory failure, an PICU consultant attends and decides to refer for ECMO – referring speciality PICU
- A patient has deteriorated in neonatal intensive care, the consultant calls the ECMO centre for consideration of ECMO and the decision is taken to admit the patient – referring speciality NICU
- The transport team call the ECMO centre to request a bed and arrange admission – referring speciality Paediatric Intensive Care Transport Service

**Accepting ECMO centre** - The accepting ECMO centre identifies the exact destination where the child was accepted for admission/transfer.

Date and time of referral decision - The actual date and time when clinicians agreed that the child is an appropriate candidate to receive ECMO if required. This is based on the patient's eligibility for ECMO (not the availability of a team or a bed). This may not be the date of the first telephone call to the PICU or transport service as this may have been for advice or discussion only.

Referral decision - specifies patients' status as an ECMO candidate and outcome of referral decision.

If 'Not ECMO candidate' then select all reasons that apply

Number of additional ECMO units referred to prior to accepting centre - If 'Referred to other ECMO centre (no staffed bed)' or 'Referred to other ECMO centre (specialist service required)' Specify the number of additional ECMO units that the patient was referred to prior to acceptance.

You do not need to include the owner centre or the accepting centre as additional units. This is intended to collect the number of refusals.

Record the names of up to 5 other centres in the order of referral.

**Transport decision** - This intends to identify the decision that was made during the referral process, the outcome of the referral may be different.

- Accepted for conventional retrieval the referral for ECMO was accepted, and the decision made for the child to be transported by conventional retrieval.
- Accepted for mobile ECMO The referral for ECMO was accepted, and the decision made to transport the patient using mobile ECMO.
- Transport not requested Patient was already at the referring centre so no transport required.

**Mode of transport** - Identifies the main mode of transport used by the transport team at any time during the journey with the child. This may differ from the original decision made as part of the referral call.

**Transport team** - The name of the mobile ECMO transport team, PICU or Centralised Transport Service (CTS), undertaking this episode of transport.

NCU    Other transport service   ICU (adult)   Other intermediate care area   Initial referring unit (where patient was at time of referral call)   Referring speciality   Referring	Patient details (or hospital label)		т-	
Date of birth (dd/mm/yyyy)	Family name		NHS/CHI/H&C numb	Tick if patient is not
Referral outcome   Referral decision   Record the names of the additional centres in chronological order ofreferal   Admitted to PCUO assessment   Admitted to PCUO assessment   Record the names of the additional centres in chronological order ofreferal   Record the names of the additional centres in chronological order ofreferal   Record the names of the additional centres in chronological order ofreferal   Record the names of the additional centres in chronological order ofreferal   Record the names of the additional centres in chronological order ofreferal   Record the names of the additional centres in chronological order ofreferal   Record the names of the additional centres in chronological order ofreferal   Record the names of t	First name		Date of birth (dd/mn	manad
Sex   Female   Ambiguous	n (code)			Not estimated  Estimated
Referral details	PostCode			1997
Referral number	CMO referral details			
Accepting ECMO tentre   Martical process   Martic			Referring area	
CCMO referral outcome   Referring speciality   Referred to out of the special s	/ / 20	_:	X-ray/endoscopy/CT Recovery only PICU	Theatre and recovery Emergency department (A&E)
Referring speciality    CCMO referral outcome	· · · · · · · · · · · · · · · · · · ·	··froformal call)	CU (adult)	
Accepting ECMO centre   Patient transported   Not transported - condition improved   Not transported - condition improved   Not transported - condition deteriorated   Not transported - condition deteriorated   Not transported - condition improved   Not transported - condition deteriorated   Patient died before transport team present   Patient died during transit   Admitted to PICU only   Admitted for PICU onl	nitial referring unit (where patient was at a	me of reierrai caii)	Referring speciality	(
Cardiac   Beth   If referred to other ECMO centre   Patient transported   Not transported – condition improved   Not transported – condition deteriorated   Not transported – condition deteriorate				
Cardiac   Beth   If referred to other ECMO centre   Patient transported   Not transported – condition improved   Not transported – condition deteriorated   Not transported – condition deteriorate	CMO referral outcome			
Cardiac   Both   Both   Both   If referred to other ECMO centre   Number of additional ECMO centre   Patient died before transport team arrived   Patient died before transport team arrived   Patient died before transport team arrived   Patient died during transit   Patient died verlier ampresent   Pat		Accepting ECMO c	entre	
Date and time of referral decision    V	Cardiac			Not transported - condition improved
referred to prior to accepting centre (excluding initial and accepting centre)				
(excluding initial and accepting centre)				I = 1
Admission outcome Referred to other ECMO centre— no staffed bed Referred to other ECMO centre— on staffed bed Referred to other ECMO centre— on staffed bed Referred to other ECMO centre— other specialist service required Did not require ECMO assessment at the time of referral, but patient obasidered a candidate for ECMO Not ECMO candidate (specify reason)  Reason not ECMO candidate (specify reason) Reason not ECMO candidate (specify reason) Reason not ECMO candidate (specify reason) Reason not ECMO candidate (specify reason)  Reason not ECMO candidate (specify reason) Reason not ECMO candidate (specify reason) Reason not ECMO candidate (specify reason) Reason not ECMO candidate (specify reason) Accepted for mobile ECMO Transport not requested Referral Other (specify)  Mode of transport Conventional by air Alive Dead Unknown Status at 180 days post referral? Alive Dead Unknown  Transport team  Transport team  Admitted on ECMO  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  Transport team	/			Patient died while transport team present
Referred to other ECMO centre— no staffed bad Referred to other ECMO centre— other specialist service required Did not require ECMO assessment at the  time of referral, but patient obspidered a  candidate for ECMO candidate (specify reason) Reason not ECMO candidate (specify reason) Reason not ECMO candidate (specify reason) Pose prising comorbidity Pose prising comorbidity Pose prising comorbidity Other (specify) Other (specify) Second opinion sought? No    Mobile ECMO by road   Mobile ECMO by road   Mobile ECMO by air   Transport team   Mobile ECMO by air   Transport team   Admitted to PCU only   Admitted to PC				Patient died during transit
no staffed and Referred to other-ECMO centre—other specialist services required  Did not require ECMO assessment at the time of referral, but patient (obsidered a candidate for ECMO)  Reason not ECMO candidate (seelect all that apply)  Reagisting comorbidity  Proprignor several and time of referral  Other (specify)  Other (specify)  Second opinion sought?  Mobile ECMO by road  Mobile ECMO by air  Transport team  Follow-up post referral?  Admitted on ECMO  Sassessment Admitted on ECMO  Admitted for ECMO assessment at the time of referral propriets and the propriets				
Referred to othek_EMO centre—other specialist service required   Admitted on ECMO   Ad	no staffed sed	centres in chronolog	gical order of referral	
time of referral, but patient chasidered a candidate for ECINO   Not ECMO candidate (specify reason)   Reason not ECMO candidate (select all that apply)	other specialist service required			1= 1
Reason not ECMO candidate (specify reason)  Reason not ECMO candidate (select all that apply)    Cacepted for conventional retrieval   Accepted for mobile ECMO   Transport decision   Accepted for mobile ECMO   Transport not requested   Accepted for mobile ECMO   Transport not requested   Mode of transport   Conventional by road   Conventional by air   Alive   Dead   Unknown   Second opinion sought?   Mobile ECMO by air   Alive   Dead   Unknown   Alive   Dead   Unknown   Conventional by air   Conventional by air	time of referral, but patient considered a			
Accepted for conventional retrieval   Accepted for conventional retrieval   Accepted for mobile ECMO   Follow-up post referral   Accepted for mobile ECMO   Follow-up post referral   Accepted for mobile ECMO   Follow-up post referral   Accepted for mobile ECMO   Follow-up post referral   Accepted for mobile ECMO   A				
Accepted for mobile ECMO				
referral  Other (specify)  Conventional by road Conventional by air  Second opinion sought?  Mobile ECMO by road Mobile ECMO by air  Conventional by air Mobile ECMO by air  Mobile ECMO by air  Conventional by air  Status at 30 days post referral? Alive Dead Unknown  Alive Dead Unknown  Date and time of death (dd/mm/yyyy)  Date and time of death (dd/mm/yyyy)	Pre-existing comorbidity	Accepted for mobil	ile ECMO	
Conventional by road   Status at 30 days post referral?     Conventional by road   Alive   Dead   Unknown     Mobile ECMO by road   Status at 30 days post referral?     Alive   Dead   Unknown     Alive   Dead	referral	1000 At 1000 1000	9	Follow-up post referral
Second opinion sought?   Mobile ECMO by road   Mobile ECMO by air   Mobile ECMO by air   Alive   Dead   Unknown    ECMO centre providing second opinion   Transport team   Date and time of death (dd/mm/yyyy)	Other (specify)	Conventional by ro	oad	
Second opinion sought   Mobile ECMO by air   Alive   Dead   Unknown    ECMO centre providing second opinion   Transport team   Date and time of death (dd/mm/yyyy)	-			
Transport team			9,990.000	
, the second of	ECMO centre providing second opinion	Transport team		Date and time of death (dd/mm/yyyy) —

**Transport outcome**- The result of the transport episode once the decision to mobilise the transport team has been made and/or the transport journey has been completed.

Admission outcome - Identifies the admission outcome once the transport journey has been completed.

- Admitted to PICU only admitted for PICU care only
- Admitted for ECMO assessment admitted for assessment for ECMO on PICU
- Admitted on ECMO Admitted already on ECMO

Status at 30 days post referral- Identifies the status (alive or dead) of the child on 30 days post referral

Status at 180 days post referral- Identifies the status (alive or dead) of the child on 180 days post referral

Date and time of death- Identifies the date of death if this occurs following the ECMO referral and is identified at 30 or 180 day follow-up

The time of death is important for this purpose if it is during or immediately following the referral episode. If the death occurs after this period and the time of death is not known then the time of death may be left blank

# How to complete the PICANet ECMO Admission data collection form



Record **family name**, **first name** and **postcode**. If not known, record *UNKNOWN* and state reason why in comments section

Identifies the child's **ECMO status** on admission to the ECMO centre with one of the following:

- Admitted for assessment not a candidate (the child was admitted for consideration of ECMO but after assessment the decision was taken that they were not a candidate for ECMO)
- Admitted for assessment did not require ECMO (the child was admitted for consideration of ECMO but did not require ECMO during this PICU admission)
- · Admitted for assessment placed on ECMO
- Admitted on ECMO the child was admitted already on ECMO
- Admitted for PICU care, placed on ECMO later the child was a standard admission to PICU. They subsequently require ECMO during this PICU admission

**Reason for starting ECMO** – Circulatory failure, respiratory failure, or ECPR

**Cannulation and ECMO started in** - Identifies the location where the ECMO cannulas were placed and ECMO initiated

**Cardiac surgical patient?** - Identifies if patient is a cardiac surgical patient (includes planned or unplanned).

### If cardiac surgical patient

Preoperative - patients are placed on ECMO prior to cardiac surgery, including those who were initially placed on ECMO where it was not known that they would require cardiac surgery (e.g undiagnosed TAPVD)

Theatre - placed on ECMO immediately after cardiac surgery/ bypass

Post-surgery ECPR - Placed on ECMO after surgery, outside of cardiac theatre and was ECPR

Post-surgery (Not ECPR) - Placed on ECMO after surgery, outside of cardiac theatre and was not ECPR

Not related to surgery- Patient underwent cardiac surgery on this PICU admission but it was unrelated to receiving ECMO (e.g. patient underwent cardiac surgery successfully and while admitted to PICU developed influenza and received ECMO for respiratory failure).

	I	PICA Paediatric Intensiv	e Care Audit Net	work · Data collect	tion form ECMO Admission		NHS number (England and Wales), CHI number (Scotland), H&C number (Northern Ireland)—patient not eligible if overseas national who does not have an allocated number
١		Please complete if patient is admitted as standard PICU admission to an ECMO		nent, admitted on ECI	MO, or is placed on ECMO during their		
	1	Patient details (or hospital label)	centre.			- 1	Local hospital case note number
	1	Family name	Postcode		ease note number		Local Hospital date Hote Hambel
		First name	NHS/CHI/H&C numl	ber	Date of birth (dd/mm/yyyy)	4	Date of Birth —The child's date of birth as recorded on the child's birth certificate or other appropriate document
ı	i	Admission details					
ı	Ţ	ECMO status		Neurological status	on admission —		
ı		Admitted for assessment - not a candidate		Normal			Neurological status on admission - Identifies the neurological
L	/		0110	☐ Mild disability		$\dashv$	status on admission using the Paediatric Cerebral Performance
ľ		Admitted for assessment – did not require E	CMO	Moderate disability			Category scale
ı		Admitted for assessment - placed on ECMO		Severe disability		-	
ı		Admitted on ECMO		☐ Vegetative state			
ı		Admitted on Ecino		☐ Dead		П	Date of referral decision - The actual date when clinicians
ı		Admitted for PICU care, placed on ECMO la	ter	Date of referral dec	ision		agreed on the outcome of the ECMO referral call resulting in
		If patient was admitted for assessment but ultin ECMO, follow up information is still required to be			20		this ECMO admission
l	1	ECMO details	Additional informa	ation			
	J	Reason for starting ECMO	Cannula change?		ECMO run complications (select all		
/		Circulatory failure	☐ Yes ☐ No		that apply)  No complication		
ı		Respiratory failure	Left sided decomp	rongion?	Mechanical		
		☐ ECPR	☐ Yes → □		☐ Haemorrhage		
		Cannulation and ECMO started in	10773	Septostomy	☐ Neurology Renal	1	
Ĺ		PICU/Cardiac PICU	United States	Impella/Balloon device	Cardiovascular		Cannula change - Identifies whether at any point whilst the
γ		□ NICU	Do operation or on	theteriotementics?	Pulmonacy		patient was on ECMO they required a change/replacement of
l		☐ Emergency department ☐ Adult ICU	Yes	theter intervention?	Metabolic Limb		cannula(s)
		Cardiac theatre	□ No		Other		
ı		Cardiac catheter lab	1000 E				
ı		Other theatre	Renal replacement ECMO run?	therapy during	Plasma exchange?  ☐ Yes		<b>Left sided decompression</b> - Identifies whether left side of
ı		Other (specify)	Yes		□ No	Ч	heart needed decompression whist on ECMO
ı			□ No				If yes specify – 'LA Vent', 'Septostomy' or 'Impella/Balloon
ı			If yes		Bloodstream infections (select all that apply)	- 1	device'
ı	1	Cardiac surgical patient?	Reason for RRT (se	elect all that anniv)	□ Not tested	- 1	device
ı	/	Yes	Acute kidney injury		☐ No infection		
V	<b>/</b>	□ No	Fluid removal	Stage 2	Gram + Bacteria	1	De energies as esthates intervention Identifies whether the
ľ		If cardiac-surgical patient	Anuria Hyperkalaemia	Stage 3	Gram – Bacteria Mycobacterium		Re-operation or catheter intervention - Identifies whether the
		Preoperative	Acidosis		Fungus (yeast & mould)		patient required a surgical or catheter intervention whilst on
		☐ Theatre	Other (specify)		☐ Virus & Prions		ECMO.
		Post-surgery ECPR			Protozoa		
		Post-surgery (not ECPR)			Other		
		Not related to surgery					
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#### ediatric 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.

Family name	Postcode		Case note number	
First name	NHS/CHI/H&C num	ber	Date of birth (dd/mm/yyyy)	
Admission details				
ECMO status		Neurological status	s on admission	
Admitted for assessment – not a candidat		Normal		
Admitted for assessment – not a current		☐ Mild disability		
Admitted for assessment – did not require	ECMO	Moderate disability		
Admitted for assessment - placed on ECI	10			
Admitted for assessment – placed on Eci	10	Severe disability		
Admitted on ECMO		☐ Vegetative state		
Admitted for PICU care, placed on ECMO	Inter	☐ Dead		
Admitted for Picor care, placed on Ecino	idlei	Date of referral dec	cision	
If patient was admitted for assessment but u			20	
ECMO, follow up information is still required	to be completed	],,		
ECMO details	Additional inform	ation	ρ	
Reason for starting ECMO	Cannula change?		ECMO run complications (select all	
☐ Circulatory failure	Yes No		that apply)	
Respiratory failure	The same areas		No complication	
☐ ECPR	Left sided decomp	ression?	Mechanical Haemorrhage	
Cannulation and ECMO started in	☐ Yes — □	LA vent	Neurology	
PICU/Cardiac PICU		Septostomy	Renal	
NICU		Impella/Balloon device		
Emergency department	Re-operation or ca	Wheter intervention?	Pulmonary Metabolic	
AdultiCU	☐ Yes	and the second second	Limb	
Cardiac theatre	□ No		Other	
Cardiac catheter lab	AND ST		-000 to 0000 0000 union to 0000000000000000000000000000000000	
Other theatre	Renal replacement	therapy during	Plasma exchange?	
Other (specify)	ECMO run?		Yes No	
	Yes		L NO	
	□ No		Bloodstream infections (select all th	
Cardiac surgical patient?	If yes		apply)	
☐ Yes	Reason for RRT (se		☐ Not tested	
No	0.000	/ — ■ Stage 1	No infection	
If cardiac-surgical patient	Fluid removal Anuria	Stage 2	Gram + Bacteria Gram – Bacteria	
	Hyperkalaemia		Mycobacterium	
Preoperative	Acidosis		Fungus (yeast & mould)	
☐ Theatre	Other (specify)		☐ Virus & Prions	
Post-surgery ECPR			☐ Protozoa	
Post-surgery (not ECPR)	TH.		Other	

Not related to surgery

Page 1

# Identifies complications that arise during the ECMO run

No complication – occurred during the ECMO run Mechanical – such as membrane lung failure, blood pump failure, raceway rupture, other tubing rupture, circuit change, cannula problems, temperature regulation device malfunction, clots and air emboli, clots in the haemofilter affecting flow, and air in circuit

Haemorrhage- such as GI haemorrhage, Peripheral cannula site bleeding, mediastinal cannulation site bleeding, surgical site bleeding.

Neurology – such as brain death, seizures clinically determined, seizures confirmed by EEG, CNS diffuse ischaemia (confirmed by CT/MRI), CNS infarction (confirmed by CT/MRI), Intra/extra parenchymal CNS haemorrhage (confirmed by US, CT/MRI), neurological intervention performed (ICP monitor, external ventricular drain, craniotomy).

Renal – Creatinine 1.5 – 3.0, creatinine > 3.0 and renal replacement therapy required

Cardiovascular – such as CPR required, Cardiac arrhythmia requiring antiarrhythmic medication infusion, overdrive pacing, cardioversion or defibrillation, tamponade (not blood) requiring pericardial drain or mediastinal washout, and tamponade (blood) requiring pericardial drain or mediastinal washout

Pulmonary – such as pneumothorax or pulmonary haemorrhage (requiring pRBC transfusion - > 20ml/kg/24 hours of pRBCs or >3U PRBCs/24hours in neonates and paediatrics.

Metabolic – such as hyperbilirubinemia, moderate haemolysis, severe haemolysis

Limb – such as limb compartment syndrome, fasciotomy, limb amputation, limb ischaemia requiring limb reperfusion canulae. Other – any other complications not shown here

Identifies the infections associated with the child on ECMO

Include infections that occur during the ECMO Run Not tested – the patient was not tested for evidence of infection whilst on ECMO

No Infection – the patient was tested for infection whilst on ECMO but no infection was detected

Gram positive bacteria – such as staphylococcus,

streptococcus, and clostridium

Gram negative bacteria – such as Escherichia coli, pseudomonas, klebsiella and Acinetobacter Mycobacterium – such as tuberculosis and leprosy Fungus (yeast and mould) - such as aspergillus, candida, histoplasmosis and pneumocystis pneumonia (PCP) Virus and Prions – Viruses such as influenza (A, B & C), measles, mumps, chickenpox, prions such as neurodegenerative disorders

Protozoa – such as malaria, giarda and toxoplasmosis Other – use free text to specify

Plasma exchange - Identifies whether plasma exchange was

Plasma exchange is a procedure involving the separation and

removal of the plasma from the blood in order to remove

Renal replacement therapy during ECMO run - Identifies

therapy (RRT) during ECMO run, RRT includes continuous

(CVVHD), and Continuous Veno-Veno Haemodiafiltration

renal replacement therapy (Continuous Veno-Veno

(CVVHDF)), and peritoneal dialysis.

whether renal replacement support was required whilst the child

Reason for RRT - Identifies the reason for 'Renal replacement

Haemofiltration (CVVH), Continuous Veno-Veno Heamodialysis

abnormal substances circulating in the plasma

undertaken during the child's ECMO

run(s)

was on ECMO

Total number of ECMO runs/cannulation mode changes Identifies the number of ECMO runs for this admission The first time a patient is placed on ECMO prior to or during this admission is classed as Run 1

Temporary transition of ECLS support to cardiopulmonary bypass (CPB) for cardiac surgery would not be categorised as an additional run

Changes to ECMO mode such as from VA to VV do not constitute a new run in isolation but are recorded in 'ECMO cannulation/mode changes' section.

Provide details of 2nd ECMO run (if applicable) in 'ECMO run 2' section. Further ECMO runs are not required to be entered

Date and Time ECMO run/change started - Identifies the date and time that the first and second ECMO run started This refers to the time that the extracorporeal blood flow was established through cannulas attached to an ECMO circuit. This date and time will be prior to the admission date and time in a child who was commenced on ECMO in another organisation prior to being admitted to your ECMO centre.

#### **ECMO** mode

Identifies the mode of drainage and return of blood in the extracorporeal system

Select the primary cannulation configuration even if multiple cannulas are placed

VV - Venovenous

VA - Venoarterial

VVA: Venovenoarterial

Other: indicates a support not listed – indicate the primary cannulation configuration in free text

Cannula type - Specifies whether a single or dual lumen was used

Duel lumen (if applicable)

Select one from each pair;

Percutaneous - records if the ECMO drainage cannula was inserted peripherally (without incision and dissection of the vessel)

Surgical - records if the ECMO drainage cannula was inserted surgically (with incision and dissection of the vessel)

Left - Select if a Dual Lumen cannula was inserted into the Left Internal Jugular

Right - Select if a Dual Lumen cannula was inserted in the Right Internal Jugular

1	ECMO runs			ECMO cannulation	/mode ch	anges	
١	Total number of ECMO runs			Total number of ECM	MO cannul	ation/mode cha	nges
	RUN 1	RUN 2		CHANGE 1		CHANGE 2	
/	Date and time run started	Date and time run started		Date and time chang	e started	started Date and time change start	
	ECMO mode	ECMO mo	ode	ECMO mode		ECMO mode	
	VA VVA	□ VA □ VVA		□ VA □ VVA		□ VA □ VVA	
	Other (specify)		specify)	Other (specify)		Other (specif	ý)
							18
	Cannula type  Dual lumen Single lumen	Cannula t	ype men	Cannula type	ngle lumen	Cannula type  Dual lumen	Single lumen
	Dual lumen (if applicable)  ☐ Percutanegus ☐ Surgical		en (if applicable) aneous Surgical	Dual lumen (if applic		Dual lumen (if	
	Left Right	Left	Right		Right	Left	Right
	Drainage cannula (if single lumen)	Drainage lumen)	cannula (if single	Drainage cannula (it lumen)	single	Drainage cann lumen)	ula (if single
	Percutaneous Surgical Central Peripheral	☐ Percuta	aneous Surgical	Percutaneous :	Surgical Peripheral	Percutaneous Central	Surgical Peripheral
	Jugular Femoral	☐ Jugular			emoral	Jugular	Femoral
	Left Right	☐ Left	Right	Left I		Left	Right
	Return cannula/(if single lumen)	Return ca lumen)	annula (if single	Return cannula (if si lumen)	ngle	Return cannul lumen)	a (if single
	Percutaneous Surgical Central Peripheral	☐ Percuta	neous Surgical Peripheral	Percutaneous :	Surgical Peripheral	Percutaneous Central	Surgical Peripheral
	□ Neck	Neck	Femoral	☐ Neck ☐ I	emoral	Neck	Femoral
	Left Right Additional drainage cannula	Left Additiona	Right I drainage cannula	Left Additional drainage	Right	Left Additional drai	Right
	☐ Tick if not applicable	☐ Tick if not	applicable	☐ Tick if not applicable		☐ Tick if not applica	ible
	Percutaneous Surgical Peripheral	☐ Percuta	neous Surgical Peripheral	Percutaneous S	Surgical Peripheral	Percutaneous Central	S Surgical Peripheral
	Jugula Femoral	Jugular	Femoral		emoral	Jugular	Femoral
	Left Right	Left	Right	Left I	Right	Left	Right
	/_/			0		$\rightarrow$	
/	Decinnulation		ECMO follow up		(II 		
	Recovery		Neurological status  Normal	at discharge		neurological a post-ECMO / a	
	Died on ECMO or ECMO withdr	awn	Mild disability		Yes No		
	Conversion to VAD		Moderate disability		If yes		
	Heart transplant  Other reason for decannulation		Severe disability Vegetative state		Neurological status at 180 days post-ECMO / assessment		
	Not decannulated prior to discha	arge	☐ Dead		☐ Normal ☐ Mild disability		
	If decannulated prior to discharg	ie .	Status at 30 days post-ECMO /			sability ate disability	
	Date and time of decannulation	ı for	assessment?	ad Unknown	Severe		
	ECMO run 1 (if applicable)		Status at 180 days	post-ECMO /	☐ Vegeta	itive state	
		J:LLL	assessment?  ☐ Alive ☐ De	ad   Unknown	Unkno	wn	
	Date and time of decannulation ECMO run 2 (if applicable)	Date and time of death (time if available)					
	/ / 20	]:[[]	/ /20				
	Comments				Form comp	leted by	
0				3	. om comp	olou by	
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### Drainage cannula (if applicable)

Select one from each pair;

Percutaneous – records if the ECMO drainage cannula was inserted peripherally (without incision and dissection of the vessel)

Surgical -records if the ECMO drainage cannula was inserted surgically (with incision and dissection of the vessel)

Central – records if the ECMO drainage cannula was inserted directly centrally into the heart e.g. via sternotomy Peripheral -records if the ECMO drainage cannula was not directly inserted into the heart

Jugular- records if the ECMO drainage cannula was inserted into the right or left internal jugular vein

Femoral – records if the ECMO drainage cannula was inserted into the right or left femoral vein

Left - indicates the ECMO drainage cannula was placed on the left side

Right - indicates the ECMO drainage cannula was placed on the right side

**Additional drainage cannula -** 'Tick if not applicable' - if no drainage cannula was inserted

# Return cannula (if applicable)

Select one from each pair;

Percutaneous – records if the ECMO return cannula was inserted peripherally (without incision and dissection of the vessel)

Surgical -records if the ECMO return cannula was inserted surgically (with incision and dissection of the vessel)

Central – records if the ECMO return cannula was inserted directly centrally into the heart e.g. via sternotomy Peripheral -records if the ECMO return cannula was not directly inserted into the heart

Neck - records if the ECMO return cannula was inserted into the right/left internal jugular vein or carotid artery

Femoral – records if the ECMO return cannula was inserted into the right or left femoral vein

Left - indicates the ECMO return cannula was placed on the left side

Right - indicates the ECMO return cannula was placed on the right side

<b>Neurological status at discharge -</b> Identifies the neurological status on admission using the Paediatric Cerebral Performance Category scale	
Indication for decannulation - Identifies the reason the child was decannulated from ECMO	
Choose one reason for discontinuing ECMO support	1\

For additional information, see the PICANet ECMO dataset manual, available at <a href="https://www.picanet.org.uk/data-collection/customised-data-collection/">https://www.picanet.org.uk/data-collection/customised-data-collection/</a>

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		
nessource 837		32-05-05-05-05-05-05-05-05-05-05-05-05-05-			
Date and time run started	Date and time run started	late and time change started	Date and time change started		
ECMO mode	ECMO mode	ECMO mode	ECMO mode		
	□ VV □ VA	□ w	D W		
	H WA	□ VA □ VVA	□ VA □ VVA		
	Other (specify)	Other (specify)	Other (specify)		
Cannula type	Cannula type	Cannula type	Cannula type		
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	☐ Dual lumen ☐ Single lumen	☐ Dual lumen ☐ Single lumen			
	Dual lumen (if applicable)	Dual lumen (if applicable)	Dual lumen (if applicable)		
	Percutaneous Surgical	Percutaneous Surgical	Percutaneous Surgical		
	Left Right  Drainage cannula (if single	☐ Left ☐ Right  Drainage cannula (if single	Left Right Drainage cannula (if single		
lumen)	lumen)	lumen)	lumen)		
	Percutaneous Surgical Central Peripheral	Percutaneous Surgical Central Peripheral	Percutaneous Surgical Central Peripheral		
	Jugular Femoral	Jugular Femoral	Jugular Femoral		
	Left Right	Left Right	Left Right		
	Return cannula (if single lumen)	Return cannula (if single lumen)	Return cannula (if single lumen)		
	Percutaneous Surgical	Percutaneous Surgical	Percutaneous Surgical		
	Central Peripheral	Central Peripheral	Central Peripheral		
Neck Femoral Right	Neck ☐ Femoral ☐ Left ☐ Right	☐ Neck ☐ Femoral ☐ Left ☐ Right	Neck ☐ Femoral ☐ Left ☐ Right		
	Additional drainage cannula	Additional drainage cannula	Additional drainage cannula		
	☐ Tick if not applicable	☐ Tick if not applicable	☐ Tick if not applicable		
	Percutaneous Surgical Central Peripheral	Percutaneous Surgical Central Peripheral	Percutaneous Surgical Central Peripheral		
	Jugular Femoral	Jugular Femoral	Central Peripheral		
Left Right	Left Right	Left Right	Left Right		
			/		
	FOUNDAME	N			
Decannulation	ECMO follow up	at disabassa Fallow			
Indication for decannulation Recovery	Neurological status		up neurological assessment by s post-ECMO / assessment?		
Died on ECMO or ECMO withdra	1	☐ Yes	□ No		
Conversion to VAD	Moderate disability	If yes			
Heart transplant	Severe disability	Neurolo	ogical status at 180 days		
Other reason for decannulation	☐ Vegetative state		CMO / assessment		
Not decannulated prior to dischar	rge Dead	Norn			
If decannulated prior to discharge	Status at 30 days p	ost-ECMO / Mild	erate disability		
Date and time of decannulation	assessment?	□ Seve	ere disability		
ECMO run 1 (if applicable)		Veg	etative state		
	Status at 180 days assessment?				
Date and time of decannulation	□ □ Alive □ De	ead Unknown Unkr	own		
ECMO run 2 (if applicable)		eath (time if available)			
7/7/2077	]:				
Comments		Form cor	npleted by		
PICANet ECMO Admission data collection form v3.0	January 2025 - Copyright © 2025 University of	Leeds and University of Leicester	Page 2 of 2		

Follow up neurological assessment by 180 days post ECMO - Identifies whether the child had a follow up neurological assessment by 180 days

post decannulation

Neurological status at 180 days post ECMO - To identify the child's neurological status at 180 days post decannulation using the Paediatric Cerebral Performance categories

Status at 30 days post ECMO/assessment - Identifies the status (alive or dead) of the child on 30 days post decannulation

Status at 180 days post ECMO/assessment - Identifies the status (alive or dead) of the child on 180 days post decannulation

Date and time of death (if applicable) - The actual date and time of death if this occurs post-discharge from your unit and is identified at follow-up

The time of death is important if it is during or immediately following ECMO. If the death occurs after this period and the time of death is not known then the time of death may be left blank

**Date and time of decannulation** - The actual date and time when the child was decannulated from ECMO Run.

This specifically refers to the date and time that the cannulas

are removed