

ASSESSMENT FOR CONSIDERATION OF ECMO

Referring Hospital

Date	DD / MM / YY	Time	HH : MM	
Referral person				Grade
Referral hospital	★			
Contact details				

Patient

Name	★		Height	
Date of birth	★	DD / MM / YY	Age	
			Sex	M / F
Address/postcode				
UR number		Medicare number		
Next of kin/contact				

Clinical details

Working diagnosis		Allergies	
Clinical summary		Preg test	Positive / negative / NA
		Smoking	
		Alcohol	
		Past medical history	

Continue on separate sheet if necessary

Respiratory

Intubation date	DD / MM / YY	Time	HH : MM	ETT Size		Grade	
Ventilation	Mode	PEEP		P _{peak}		P _{plat}	
	Resp rate	Tidal vol		FiO ₂		Sats	
Adjuncts	Recruit manoeuvre	iNO		HFOV		Proned	
Current ABGs	pH	pCO ₂		pO ₂		Time	
	BE	Bic		Lactate			

CXR/CT findings	
Chest drains/pneumothoraces	

Murray Score ★	P/F ratio (mmHg)	0	1	2	3	4	Compliance=Vt/(Pplat-PEEP) Score 0-4 for each parameter Divide result by 4
	PEEP (cmH2O)	≥300	225 - 299	175 - 224	100 - 174	<99	
	Compliance (mL/cmH2O)	≤5	6-8	9-11	12-14	≥15	
	CXR quadrants infiltrated	≥80	60-79	40-59	20-39	≤19	
		0	1	2	3	4	
Final score							

Cardiovascular

Parameters	HR	<input type="text"/>	BP (MAP)	<input type="text"/>	CVP	<input type="text"/>	CO	<input type="text"/>
Inotropes/pressors	Dobutamine	<input type="text"/>	Norad	<input type="text"/>	Dopamine	<input type="text"/>	Adren	<input type="text"/>
	IABP	<input type="text"/>	Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluid balance daily/cumulative	<input type="text"/>						Feeding	Ent / TPN
Urine output/ last 4 hrs	<input type="text"/>	RRT?	<input type="text"/> Y / N	Ischaemia/mottling	<input type="text"/>			
Vascular access/sites	<input type="text"/>							

Neurological

Neurology status pre-sedation	<input type="text"/>							
Pupil size and reactivity	<input type="text"/>				CT head	<input type="text"/>		
Current sedation/paralysis	<input type="text"/>							

Infection

Confirmed infection	<input type="text"/>	Infection Control Issues	<input type="text"/>
Antimicrobial therapy	<input type="text"/>		

Blood results

Haematology	Hb	<input type="text"/>	WCC	<input type="text"/>	Plts	<input type="text"/>	<input type="text"/>
	PT/INR	<input type="text"/>	APTT	<input type="text"/>	Fibrinogen	<input type="text"/>	<input type="text"/>
Biochemistry	Na	<input type="text"/>	K	<input type="text"/>	Urea	<input type="text"/>	Creatinine
	CRP	<input type="text"/>	Bili	<input type="text"/>	ALT/AST	<input type="text"/>	Albumin

RSQ person taking referral

Name	<input type="text"/>	Grade	<input type="text"/>	Time	<input type="text"/> HH : MM
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Advice given and outcome of referral

Continue on separate sheet if necessary

Accepted for transfer	<input type="text"/> Y / N	Mobile ECMO	<input type="text"/> Y / N	Mode	<input type="text"/> Road-road / air-road / air-air
Deferred (reason)	<input type="text"/>				
Declined (reason)	<input type="text"/>				

ECMO person giving advice

Name	<input type="text"/>	Grade	<input type="text"/>	Time	<input type="text"/> HH : MM
Additional discussion with	<input type="text"/>				

Further notes

Continue on separate sheet if necessary