



Physician Orders ADULT: ECMO Adult Plan

ECMO Adult Plan

Vital Signs

- Vital Signs
q1h(std), Continuously monitor and document hourly Heart Rate and Temp
- Arterial Blood Pressure Monitoring
Continuously monitor and document hourly

Activity

- Bedrest
Exception ECMO/IABP/Impella: Elevate HOB no more than 30 degrees

Patient Care

- Daily Weights
QDay
- Telemetry 24 hours
Medical Necessity: _____ Continuously monitor hourly
- Telemetry 48 hours
Medical Necessity: _____ Continuously monitor hourly
- Intake and Output
q1h(std), Continuously monitor and document hourly urine output and chest tube output
- Oxygen Sat Monitoring NSG
q1h(std), Continuously monitor and document Oxygen Sat
- ECMO Communication
Four large tubing clamps are to be located on the console at all times in case of tubing disconnection or air detection
- ECMO Communication
Assess pre oxygenator pressure
- ECMO Communication
Assess device tubing and oxygenator for thrombus formation hourly and document results. Notify physician if clot noted.
- ECMO Communication
Draw ISTAT ABG's every 4 hrs for 24 hrs from pump, pre oxygenator
- ECMO Communication
Draw ISTAT ABG's every 4 hrs for 24 hrs from pump, post oxygenator
- ECMO Communication
Draw ISTAT ABG's every 4 hrs for 24 hrs from patient and until patient stable.

Nursing Communication

- Nursing Communication
No direct heat to cannulae or tubing
- Nursing Communication
No petroleum based products around the cannula sites

Respiratory Care

- ACT Point of Care (RT Collect)
q1h(std), Special Instructions: For 24 hr, Special Instructions: until device is explanted

Continuous Infusion

Anticoagulants

Start below Heparin infusion when ACT is less than 180 seconds.(NOTE)*

- ECMO Communication
Start Heparin infusion at 10 units/kg/hr when ACT is less than 180 seconds. Increase by 100 units/hr to achieve target ACT of 180-220 seconds. If ACT is greater than 250 seconds decrease heparin by 100 units/hr.
- ECMO Communication
A heparin infusion should not be started until bleeding is controlled (the preferable time should not exceed 24 hours from initiation of mechanical support).
- Heparin 1000 units/500mL Normal Saline (IVS)*
Normal Saline
500 mL, IV, NOW, 10 unit/kg/hr





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*Comments: Start when ACT is less than 180 seconds at 10 units/kg/hr.
Increase by 100 units/hr to achieve a target ACT of 180 to 220 seconds.
If ACT is greater than 250 decrease heparin by 100 units/hr.*

heparin (additive)
1,000 units

Medications

Anticoagulants

Heparin Bolus - MD Administration ONLY(NOTE)*

- heparin
*100 units/kg, Injection, IV Push, once, NOW, (for 1 dose), At the time of cannulation
Comments: MD ONLY administration*

Laboratory

- Hgb & Hct
Routine, T;N, q24h x 3 day, Type: Blood
- Platelet Count
Routine, T;N, q24h x 3 day, Type: Blood
- Fibrinogen Level
Routine, T;N, q24h x 3 day, Type: Blood
- Hold PRBC
Routine, T;N, Reason: On Hold for Procedure, Units to Hold: 3

Consults/Notifications/Referrals

- Notify Physician-Continuing
Notify: Physician, Notify For: thrombus formation in device tubing

Date	Time	Physician's Signature	MD Number
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***Report Legend:**
 DEF - This order sentence is the default for the selected order
 GOAL - This component is a goal
 IND - This component is an indicator
 INT - This component is an intervention
 IVS - This component is an IV Set
 NOTE - This component is a note
 Rx - This component is a prescription
 SUB - This component is a sub phase, see separate sheet
 R-Required order

