

ECMO TRANSFER INTAKE FORM

In addition to the standard patient transfer information, the following information must be obtained prior to patient acceptance. This check list is available on the Transfer Center website.

- ECMO Type: VV VA VAV
- ECMO machine brand/pump type: _____
*Note: surgeon must be present on admission if patient is not on the Cardiohelp
- ECMO oxygenator type: _____
- Cannulation date: _____
- Cannulation site(s) and cannula size(s): _____

- Current ECMO FdO₂: _____ %
- Current ECMO Sweep: _____ L/min
- Current ECMO blood Flow: _____ L/min
- Most Recent ABG _____
- Post arrest? Time to ROSC: _____
- Neuro Status: _____
- Code Status: _____
- Does patient have social support? Yes No
- Who is the medical decision maker? Name: _____
Phone Number: _____
- Current Vent Mode/Settings: _____
- Is patient on inhaled Nitric Oxide? Yes No
- Other devices in place (IABP, Impella): _____