

Patient Label



Royal Papworth Hospital
NHS Foundation Trust

This form is accessible on
www.royalpapworth.nhs.uk

Intensive Care Unit

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) REFERRAL FORM

Please always phone Papworth ECMO Coordinator on 01480 830541, even if you are sending an email.

Email this form to papworth.ecmoreferrals@nhs.net

Date: _____ **Time:** _____

Patient demographics:

Patient's first name: _____ Patient's last name: _____

Date of birth: ___ / ___ / _____ **NHS Number:** _____

Gender: M / F

Body weight: _____ kg and Height: _____ cm or BMI: _____ Kg/ m²

ECMO requested by:

Doctor's name: _____ Grade: _____

Hospital: _____

Unit: _____

Direct Tel: _____ **Bleep:** _____

Mobile Tel: _____

Reasons for referral (incl. presenting symptoms and date of onset):

Past Medical History / Co-morbidities:

Date of Hospital Admission: _____

Date of Admission to ICU: _____

Respiratory failure resulting from:

1st diagnosis: _____ Suspicion / Proven† / Reversible†

If appropriate:

2nd diagnosis: _____ Suspicion / Proven† / Reversible†

Underlying respiratory function:

Known underlying respiratory disease: Yes / No

If yes, please give details:

Current respiratory status:

Number of days intubated: _____

Ventilation mode: _____

Last ventilation parameters: FiO₂: _____ PEEP: _____ cmH₂O Rate: _____

Peak airway pressure: _____ cmH₂O Tidal Volume: _____ mls

Last ABG: pH _____ PO₂ _____ kPa PCO₂ _____ kPa BE _____ SaO₂ _____

HCO₃ _____ Lactates _____ mmol/L

Chest XRay / CTscan description:

!! Ensure imaging is sent without delay to Papworth imaging department across-network !!Always ask your PACS support to send them as BLUE-LIGHT to guarantee urgent processing.

Attempted Treatment:

Filters changes and ventilator circuit checked

Steroids Inhaled vasodilators† High PEEP†

Lung-recruitment manoeuvres Prone positioning Oscillatory ventilation

† _____

Other key elements relative to patient's general status:

Any known condition or organ dysfunction that would limit the likelihood of overall benefit from ECMO (e.g. such as severe, irreversible brain injury or untreatable metastatic cancer)

Known allergies: _____

Known or suspected pregnancy: Yes / No

Severe immunosuppression: Yes / No

If yes, give reasons: _____

Blood transfusion limitations (e.g. for religion, antibodies reasons): Yes / No

Limited vascular access: Yes / No

Any condition that precludes the use of anticoagulants: Yes / No

Infection status

Known Infection yes/no

If yes, details: _____

Specimens sent and results so far (e.g. MRSA, legionella)

Last WBC: _____ Neutrophils %: _____ Peak WBC: _____

CRP: _____ Procalcitonin: _____

Temperature: _____ Highest Temperature: _____

Barrier nursing sta-

tus: _____

If diagnosis unknown:

Recent travel Yes/No. If yes details: _____

Occupation: _____

Contact with animals: _____

Contact with other unwell persons: _____

Bleeding yes/no. If yes details: _____

Rash yes/no. If yes details: _____

!! Inform retrieval team will always be taking full respiratory precautions !!

Think!

- **If travel and bleeding, consider Viral Haemorrhagic Fever (incl. Ebola)**
- **If travel to Far East and flu like symptoms, consider Avian Flu**
- **If travel to Middle East and flu like symptoms, consider MERS**
- **if any travel and contact with rodents, consider Hantavirus**

Imported Fever Service:
ph: 0844 778 8990
www.gov.uk/guidance/imported-fever-service-ifs

Ongoing medications:

Antibiotics/Antivirals: _____

Inotropes /vasoactives: _____

Sedation/muscle relaxants:

Others _____

Has sodium bicarbonate been administered (if yes, please give details)?

Blood results of interest:

Last haemoglobin: _____

Last platelet count: _____

Last creatinine: _____ Last urea: _____

Last bilirubin: _____

Troponin: _____ (normal range in referring hospital: _____)

Vasculitis or auto-immune screen: _____

Others of interest: _____

Organ function “check-list”:

Cardiac function:

Heart rate/ rhythm: _____

Blood pressure: _____

Known previous cardiac pathology? Yes / No

If yes details: _____

TTE/TOE done? Main findings:

Renal function:

CVVH: Yes / No If yes, what is the exchange rate: _____

Known previous renal pathology? Yes / No

If yes details: _____

Fluid balance for last 3 days: _____

Hepatic function:

Known previous hepatic pathology? Yes / No

If yes details: _____

Neurological status:

Known previous neurological pathology? Yes / No

If yes details: _____

Consent:

Any known or suspected objection for ECMO from the patient or next of kin: Yes / No

If our team is coming:

When is the most convenient for our team to arrive?

Is access possible to the theatre with anaesthetic support? Yes / No

Can we have access to a C-arm and radiographer in ICU or theatre? Yes / No

Can you have 2 units of RBC cross-matched for our arrival? Yes / No

Inclusion criteria:

Potentially reversible respiratory failure Yes/ No

Severe respiratory failure, defined as a Murray score score ≥ 3 Yes / No

Or

Uncompensated hypercapnoea with a pH < 7.20 Yes / No

Relative exclusion criteria:

High-pressure ventilation (plateau pressure > 30 cm H2O) for > 10 days Yes / No

High FIO2 requirements (>0.8) for > 10 days Yes / No

Can you order 1 unit of platelets if platelet count < 100,000 Yes / No

Request family stay until retrieval team arrives. Yes / No