

Patient Label



Royal Papworth Hospital  
NHS Foundation Trust

This form is accessible on  
[www.royalpapworth.nhs.uk](http://www.royalpapworth.nhs.uk)

Intensive Care Unit

## EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) REFERRAL FORM

**Please always phone Papworth ECMO Coordinator (01223 638000), even if sending email**

Email this form to [papworth.ecmoreferrals@nhs.net](mailto: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/ m<sup>2</sup>

### ECMO requested by:

Doctor's name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Unit:** \_\_\_\_\_

**Direct Tel:** \_\_\_\_\_ **Bleep:** \_\_\_\_\_

**Mobile Tel:** \_\_\_\_\_

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

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**Past Medical History / Co-morbidities:**

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**Date of Hospital Admission:** \_\_\_\_\_

**Date of Admission to ICU:** \_\_\_\_\_

## Respiratory failure resulting from:

1<sup>st</sup> diagnosis: \_\_\_\_\_ Suspicion / Proven† / Reversible†

*If appropriate:*

2<sup>nd</sup> diagnosis: \_\_\_\_\_ Suspicion / Proven† / Reversible†

## Underlying respiratory function:

Known underlying respiratory disease: Yes / No

If yes, please give details:

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## 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 \_\_\_\_\_

HCO<sub>3</sub> \_\_\_\_\_ Lactates \_\_\_\_\_ mmol/L

Chest XRay / CTscan description:

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**!! 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](http://www.gov.uk/guidance/imported-fever-service-ifs)**

**Ongoing medications:**

**Antibiotics/Antivirals:** \_\_\_\_\_

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**Inotropes /vasoactives:** \_\_\_\_\_

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**Sedation/muscle relaxants:**

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**Others** \_\_\_\_\_

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

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**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

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

Request family stay until retrieval team arrives. Yes / No

### ***Inclusion criteria:***

Potentially reversible respiratory failure Yes/ No

Severe respiratory failure, defined as a Murray score score  $\geq 3$  Yes / No

### ***Or***

Uncompensated hypercapnoea with a pH < 7.20 Yes / No

### ***Relative exclusion criteria:***

High-pressure ventilation (plateau pressure > 30 cm H<sub>2</sub>O) for > 10 days Yes / No

High FIO<sub>2</sub> requirements (>0.8) for > 10 days Yes / No



