* Patient location (Hospital, City, State, Unit/Bed #):

Date/Time:

Patient Name:

Patient Health Number:

DOB:

Admission date:

Flu positive? Yes/No (circle one)

Viral panel:

COVID-19? Yes/No (circle one)

* Name:
* Call back phone number:
* Is family aware of potential for ECMO? Yes/No

(circle one)

* Consent/assent obtained, by whom?
* Admission diagnosis:
* Mode of ECMO Support:
* Brief patient history (working diagnosis, past medical history, reason for ECMO, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Current and admission weight:
* Height:
* Chronic renal failure? Yes/No (circle one)
* Dialysis? Yes/No (circle one)
* Acute renal failure? Yes/No (circle one)
* Active bleeding? Yes/No (circle one) If Yes Where
* Requiring transfusion Yes/No (circle one)
* Current continuous medications:
* Current neurological status:
* Labs

|  |  |  |  |
| --- | --- | --- | --- |
| Wbc: | Na: | ALT: | INR: |
| Hgb: | K: | AST: | PT: |
| Plat: | Urea: | T Bili: | APTT: |
| Fibrinogen: | Creat: | Alb: | HGT: |
| Lac: | HCO2: | LDH: | UPT: |
| Procal: | Blood Group: |  |  |

Latest ABG: PH PCO2 po2 Base Excess

XRC:

Latest Vitals :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HR: | ABP: | RR: | SPO2: | FEB/AFEB |

Intake/ Output : RT Feeds :

Ventilator Settings :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Intubated ON: | Mode | Fio2 | PEEP |  |

2 D ECHO