



**ECMO patient no signs of life
MAP <30mmHg**

Dial:
State:
Location:
Wait:

2222
“CARDIAC ARREST”
WARD/AREA
For switchboard to repeat the information

Start CPR and continue algorithm

ECMO TEAM

Proceed to ECMO troubleshooting

PATIENT TEAM

FOLLOW STANDARD ALS
Ensure FiO2 100% to patient
Assess for reversible causes: 4Hs & 4Ts
If <10d post-sternotomy consider CALS

CHECK GAS LINE CONNECTED TO OXYGENATOR AND CONFIRM GAS FLOW PRESENT

Assess ECMO Blood Flow

NO FLOW

1. Clamp return line
2. Expose patient and inspect circuit
If air embolus – FOLLOW AIR EMBOLUS SOP
If motor failure – FOLLOW MOTOR FAILURE SOP
Assess for kinks in tubing or cannula movement

LOW FLOW (<2L/MIN)

1. Expose patient and inspect circuit
Asses for kinks in tubing or cannula movement
2. Reduce RPM to 1500, then gradually increase flow as tolerated without suction
3. Give Fluid bolus (eg 2.5ml/kg)

NORMAL FLOW (>2L/MIN)

STOP CPR - IS THERE ADEQUATE CIRCULATION?

Assess MAP, Flow, SpO2

MAP <30, NO FLOW, NO SATS

Restart CPR

MAP 30-55, FLOW <2L, SPO2 <88%

1. Ensure all reversible causes assessed 4H 4Ts
 2. Assess if need for circuit change: TMP >50, Post-Oxy paO2 <20, Plasma leak
 3. Echo to assess cannula position
- If VV ECMO consider escalation to VVA ECMO
If VA ECMO increase flows to 4L/min

MAP>55, FLOW >2L, SPO2 >88%

Complete A to E Assessment
Exclude Stroke, Bleeding, Sepsis