

# Cannulator 2



## Equipment to bring

- Large procedure trolley with LUCAS

## Role

- Assist Cannulator 1

U/S

## Procedure

1. Open ECMO pack
2. Check in with Cannulator 3
3. Scrub
4. Chose dilator sizes
5. Chose and receive cannulae 15F (17F) arterial, 19F (21F) Multi-stage venous cannulae
6. Organise sterile field
7. Cannulate with C1

C1

C2

C3

Trolley

Team  
Leader

# ECPR Inclusion Criteria - *NOT* Accidental Hypothermia



INCLUSION CRITERIA
<b>Age + Time in min &lt; 100</b> (ambulance call time to time of decision in min)* <i>alternatively Time only &lt;60min</i>
<b>Witnessed cardiac arrest</b>
<b>Shockable initial rhythm</b>
<b>Bystander CPR within 5 min</b>
<b>No known end-stage disease</b>

\* ROSC <20min is considered continuous cardiac arrest; ROSC >20min is considered as separate arrests, the longer cardiac arrest time is taken

Criteria fulfilled	Survival*	Recommendation
5/5	~ 46%	Reasonable inclusion
4/5	~ 12%	
3/5	~0%	Extremely infrequent on compassionate basis
2/5	~0%	
1/5	~0%	

\* Only OHCA, local experience Victorian ambulance and The Alfred ECPR program

more details under [www.ecmo.icu](http://www.ecmo.icu)

## In the Cath Lab

MINIMUM CRITERIA* - ALL required
<b>Age &lt; 75</b>
<b>All rhythms included</b>
<b>LV ejection fraction &gt;30%</b> <b>OR</b> LVEF likely to improve with procedure <b>OR</b> LVAD or heart transplant considered
<b>Aortic regurgitation not more than mild</b>
<b>No known end-stage disease</b>

\*Only for patients in cardiac catheter lab

## Prerequisites - ALL required

Suitable as per cardiology  
**AND**  
 Early cardiac arrest (<20min)  
**without**  
 significant peripheral mottling/  
 lactate rise (>10 mmol/L)