

# Cannulator 3



## Ensure all equipment present

- ECMO Equipment trolley
- Large cannulation trolley with LUCAS
- ECMO console & Ultrasound

## Role

- Manage ECMO trolley, open equipment then assist C1 & 2

U/S

## Procedure

1. Open equipment in sequence (1-6) of ECMO equipment trolley
2. Ask for choice of dilator and cannulae
3. Open 15F (17F) arterial, 19F (21F) multi-stage venous cannulae
4. Hand over equipment role to console person
5. Scrub
6. Assist cannulation, receive ECMO circuit

C1

C2

C3

Trolley

Move here  
once scrubbed

ECMO  
Equipment

C3

Team  
Leader

Start here

# 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)