

Patient addressograph



Directorate of Critical Care
ECLS
Shift safety checks and
Observations

Date / Time Shift
commence:

Date / Time ECLS
commence:

Circuit Day
Number:

Pt key number:

ECLS Consultant		Tel:
ECLS Parameters:		ECLS Mode: VV / VA
Rescue Ventilation Settings:		
ECLS Nursing Staff		
Perfusionist		Tel:

Routine Shift Checks	Initial
Emergency checks <ul style="list-style-type: none">Full Oxygen cylinder and tubing3 x clamps2 x 50ml leur lock syringe1000ml plasmalyte 148 in pressure bag, connected to de-airing port and in dateHeparin (5000 iu in 5 mL)	
Monitoring checks <ul style="list-style-type: none">Pressure transducers checked and zeroedP1, P2 and flow alarm limits set (P1 pressure <300mmHg, P2 <250mmHg)	
Equipment Checks <ul style="list-style-type: none">Console and back-up console plugged into PSUBoth batteries showing as chargingOxygen and air lines correctly connectedFlush bags full, pressurised and in dateCheck no cracks or chips in plastic casing of both pump and oxygenatorWater heater operating correctly	
Circuit Check <ul style="list-style-type: none">Cannulae dressing secureDrainage and return lines have no kinks and are secured to bedAll three way taps are 'Off' where requiredSmart-sites and cable ties in place and secure finger tightCheck/ assess any clot formation in linesExamine pump for clots, air, unusual vibration or noiseExamine oxygenator for clots, air bubbles, condensation, ensure gas out port not occluded.	

Cross Match sample valid until:

**NO ALCOHOL CLEANING
PRODUCTS TO COME INTO
CONTACT WITH CIRCUIT**

Daily Blood cultures required?
NO / YES / Sent

Oxygenator Pre/Post ABG

	Pre	Post
Time		
PaO2		
PaCO2		
SO2		

	Pre	Post
Time		
PaO2		
PaCO2		
SO2		

Events during shift (eg any transfers or adverse events)

[illegible]