This is a rescue therapy for patients with refractory hypoxaemia (or hypercarbia) who have failed to respond to conventional or alternative (e.g APRV, HFOV, iNO, proning) strategies to achieve lung protective ventilation and/or an oxygenation goal. *Realistic benefit is only reliably seen with a reversible condition and the physiological reserve to tolerate and meaningfully recover from the major burden of ECLS therapy.*

Standard Indications for VV ECLS:

- 1. Hypoxaemia: P/F ratio < 10kPa on FiO₂ 1.0 or Murray score ≥ 3
- 2. Hypercapnoea: PaCO₂ > 11kPa or pH < 7.20 (H⁺> 63nmols/L)
- 3. Compliance: < 20 mls/cmH2O or Pplat > 30 cm H2O
- 4. Less than 7 days high pressure mechanical ventilation

Although the definition of ARDS is well accepted, 'severe' ARDS may be recognised by the some of the following features:

Murray score > 3.0 or >2.5 with rapidly progressive deterioration Severe hypoxaemia (P/F < 10kPa for > 1 hr on FiO₂ 1.0) Respiratory acidosis (pH < 7.20 (H⁺> 63nmols/L for > 1 hr) P_{plat} > 30 cm H_2O in absence of high pleural pressure (e.g. abdominal distension)

Murray Lung Injury Score:

| Score | 0 | 1 | 2 | 3 | 4 |
|-----------------------------------|------|-------|-------|-------|-----|
| P/F ratio (kPa) | >40 | 30-40 | 20-30 | 10-20 | <10 |
| Compliance mls/cmH ₂ 0 | >80 | 60-80 | 40-60 | 20-40 | <20 |
| PEEP (cmH ₂ 0) | <5 | 6-8 | 9-11 | 12-14 | >15 |
| CXR infiltrates quadrants | none | 1 | 2 | 3 | 4 |

Compliance = $Vt(mls) \div (Pplat-PEEP)$

Pathologic conditions that may require VV ECLS include but are not limited to:

Severe ARDS from any cause Uncontrolled Air Leak Syndromes Pulmonary contusion Inhalation Injuries (gastric contents, near drowning, smoke) Refractory Status Asthmaticus

| Title: Indications for Veno-venous ECLS | | |
|---|-----------------------------|--|
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