

## Patient preparation for ECLS

Please ensure that the mandatory investigations and procedures outlined below have been carried out and enacted prior to ECLS cannulation. It is important to remember that ECLS cannulas are large and bleeding can be brisk and significant. Please ensure patient's next of kin is available for assent to this procedure.

### Investigations:

FBC & Coagulation studies ( $\leq 2$  hours ago)

U&E's, Ca, PO<sub>4</sub>, Mg, LFTS ( $\leq 12$  hours ago)

Accurate patient weight in kilograms and height in centimetres

### Blood products:

**INR & aPTT** are  $\leq 1.5$ ; and if not, have had appropriate treatment to achieve this- discuss options with haematology especially if the patient is likely to be intolerant of large volume treatment with FFP

**Fibrinogen**  $\geq 1.5\text{g/l}$ ; and if not, have had appropriate treatment to achieve this- discuss options with haematology especially if the patient is likely to be intolerant of large volume treatment with FFP

**Platelets** are at least  $100 \times 10^9/\text{L}$ ; and if not, have had appropriate treatment to achieve this- discuss options with haematology.

**Hb** at least  $100\text{g/L}$ ; and if not, have had appropriate treatment to achieve this- discuss options with haematology.

**Even if the above targets are already achieved please have**

**2 units of RCC crossmatched**, with patient for cannulation then during ECLS run ensure repeat crossmatch every 72 hours.

**4 units of FFP** on site (available but not thawed)

**2 pools** of platelets.

**Pre-existing vascular access:** We prefer to use the Right Internal Jugular and either Femoral veins/arteries for ECLS cannulation. If these sites already have lines in situ, we will insert new lines and have any drugs transferred over to this new line prior to cannulation. Please do not remove any lines that you already have in these sites

**CVP lines.** We will usually insert a new 5 lumen CVC +/- Vascath.

**Arterial lines.** We prefer to have a right radial arterial line for monitoring. If you have any femoral arterial lines please leave them in situ.

**Peripheral cannula.** If these are not required please remove them.

### Other tubes:

Urinary catheter in situ and working

Nasogastric tube in situ and checked that is working and sited correctly

Insert a faecal management system and start laxatives

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