Patient addressograph

Pt key number:



Directorate of Critical Care ECLS Shift safety checks and Observations Date / Time Shift commence:

Date / Time ECLS commence:

Circuit Day Number:

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

ECLS Nursing Staff	
Perfusionist	Tel:

F	Perfusionist	(9)	
,	· t	*, Y	
F	Routine Shift Checks	- 0.000 TTT - 100 TT	Initial
E	mergency checks		
٥	Full Oxygen cylinder and tubing		
o	3 x clamps		
0	2 x 50ml leur lock syringe		
6	1000ml plasmalyte 148 in pressure bag, conn	ected to de-airing port and in	
	date		
o	Heparin (5000 iu in 5 mL)		
M	onitoring checks		
o	Pressure transducers checked and zeroed		
ø	P1, P2 and flow alarm limits set (P1 pressure	<300mmHg ,P2<250mmHg)	
Ec	ulpment Checks		
0	Console and back-up console plugged into PSU	J	
0	Both batteries showing as charging		
0	Oxygen and air lines correctly connected		
O	Flush bags full, pressurised and in date		
a	Check no cracks or chips in plastic casing of bo	th pump and oxygenator	
э	Water heater operating correctly		
Cir	cuit Check		
•	Cannulae dressing secure		
•	Drainage and return lines have no kinks and are	secured to bed	
	All three way taps are 'Off' where required		1
E.	Smart-sites and cable ties in place and secure fire	nger tight	
	Check/ assess any clot formation in lines		
	Examine pump for clots, air, unusual vibration or	noise	
	Examine oxygenator for clots, air bubbles, conde	nsation, 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		1

	Pre	Post
Time		
Pa02		
PaCO2		
SO2		

	02:00																
	00:90						1										
00.10	00:00																
04:00																	
03:00																	
05:00																	
01:00		4															
10:00																	
23:00					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \											`. ,	
22:00																	
21:00																	
20:00																	
	Fi02	Sweep gas (L/min)	Pump Speed (RPM)	Blood flow (L/min)	Pre-Oxygenator Pressure (P1) Max P1 <300 mmHg	Post – Oxygenator Pressure (P2) Max P2 <250 mmHg	Trans Oxygenator Pressure (P1 – P2)	Water Temp (°C)	Flush oxygenator 4Hr Max gas flow rate 14L/min	ACT (sec)	ABG (1 to 2 Hr)	APTTr	Check dressing secure/ circuit for clots/kinks	Initial			