WKMC ECMO Referral Form

(Section 1-7 to be completed by referring hospital as complete as possible)

Return Form to Fax number: (318)212-4297 **WK ECMO: (318)455-0439**

1. REFERRING HOSPITAL	
Hospital	Date of Referral
Referring Clinician	Cell #

2. PATIENT DETAILS		
Patient's name	DOB	Date of Admission
Admission Diagnosis	Age	Sex
Height	Weight (kg)	BMI
Power of Attorney Contact Information	Code Status	Surgical Consent ☐Yes ☐ No Blood Consent ☐Yes ☐No
Face Sheet Information		

3. CLINICAL HISTORY		
Brief HPI		
Cardiac Disease ☐ HTN ☐ HLD ☐ CHF ☐CAD ☐a. fib ☐ Pulmonary HTN ☐Other		
Lung Disease ☐ COPD ☐ Pulmonary Fibrosis ☐Home Oxygen ☐CPAP/BiPAP		
Renal Dysfunction ☐Yes ☐No	Making Urine ☐Yes ☐ No	CRRT or HD ☐ Yes ☐ No
Liver Dysfunction ☐Yes ☐ No		
Functional Status		
Date of Last Neurological Exam	Findings	
Contraindications to Anticoagulation	☐Active Bleeding ☐Intracranial Hemorrhage ☐Trauma ☐Recent Surgery ☐ None	
Active Infections ☐ Yes ☐ No	Cardiac Arrest/CPR ☐ Yes ☐No	Immunocompromised ☐Yes ☐No
Malignancy ☐Yes ☐ No	Tobacco Use ☐ Yes ☐No	ETOH ☐ Yes ☐ No Illicit Substances: ☐Yes ☐ No

4. RESPIRATORY DETAILS						
Date of Intubation	Number of Days on Mechanical Ventilation					
Mode of Ventilation ☐PC ☐VC ☐ APRV	Fi02 (>80%)	PEEP	PIP(>42)	PLAT	TV	RR
Adjunct Therapy & Dose	iNO/Flolan	Oxygenation Index	Paralytic ☐ Yes ☐ No	Prone ☐ Yes ☐No		
ABG	pH	pCO2	pO2	HCO3	BE	
	Time of ABG (should be ≤ 2hrs from referral)	Time of Planned Repeat ABG (≤ 2hrs to cannulation)				
Prior Interventions:						

5. CARDIOVASCULAR DETAILS										
Vitals	HR	BP	CVP	C.I. (>2.2)						
IV Drips	Epi	Levo	Vaso	Neo	Dopamine	Dobutamine	Milrinone	Amio	Cardizem	Bicarb

	Other
ECHO ☐ Yes ☐ No	Date | ☐ TTE ☐ TEE | PFO ☐ Yes ☐ No ☐ Unknown LV Function | RV Function ☐ Normal ☐ Mildly decreased ☐ Moderately decreased ☐ Severely decreased Aortic Stenosis ☐ Yes ☐ No | Aortic Regurgitation ☐ Yes ☐ No | Mitral Regurgitation ☐ Yes ☐ No | Tricuspid Regurgitation ☐ Yes ☐ No Pulmonary Hypertension ☐ Yes ☐ No | PA Pressures

6. VASCULAR ACCESS

Access (Central access prior to transport)	Venous ☐ PIV/PICC ☐ IJ ☐ Subclavian ☐ Femoral	Arterial ☐ Radial ☐ Brachial ☐ Femoral

7. LABS & IMAGING

Labs (≤ 2hrs from referral)	CBC	Metabolic	LFTs	
	Coags	Fibrinogen	TEG	Lactate
	Other			
Imaging	CXR	CT Scan		
	Neuro Imaging	Ultrasound	Vascular Studies	
COVID	Nasopharyngeal PCR ☐ Yes ☐ No Date(s) of Swab	BAL ☐ Yes ☐ No Date(s) of BAL	Ferritin | LDH | CRP	D-dimer

8. SCORING SYSTEMS

VV ECMO Patients Calculated RESP Score	☐		VA ECMO Patients Calculated SAVE Score	☐	
Score	Risk	In-hospital Survival	Score	Risk	In-hospital Survival
≥6	1	92%	>5	1	75%
3 to 5	2	76%	1 to 5	2	58%
-1 to 2	3	57%	-4 to 0	3	42%
-5 to -2	4	33%	-9 to -5	4	30%
< -6	5	18%	≤ -10	5	18%

9. PENDING TESTS & TO DO LIST

☐	☐	☐
☐	☐	☐
☐	☐	☐

10. REFERRAL OUTCOME

Candidate for	☐ Veno-venous ☐ Veno-arterial	☐ Not a candidate for ECMO Reasons
Disposition	☐ Stable for transport on ventilator ☐ Cannulation at referring hospital	

Additional Notes