

**Patient information form-ECMO consultation:**

**Date/Time this form is being filled out:**  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_:\_\_\_\_

Patient Name: \_\_\_\_\_ Sex \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ MRN (HHC): \_\_\_\_\_

Patient location (Hospital, City, State, Unit/Bed #) \_\_\_\_\_

Requesting Provider \_\_\_\_\_

Call back phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is family aware of potential for ECMO? Yes / No (circle one)

Who is giving consent? \_\_\_\_\_

Admitting diagnosis: \_\_\_\_\_

Flu positive? Yes / No (circle one)  
Viral panel: \_\_\_\_\_  
COVID-19? Yes / No (circle one)

Brief patient history (working diagnosis, date of presentation, intubation date, reason for ECMO referral, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Chronic renal failure? Yes / No (circle one)

Dialysis? Yes / No (circle one)

Acute renal failure? Yes / No (circle one)

Active bleeding? Yes / No (circle one)

If yes, where? \_\_\_\_\_

Cardiac arrest this admission? Yes / No (circle one)  
Trauma? Yes / No (circle one)

Current continuous meds: \_\_\_\_\_

Current mental status: \_\_\_\_\_

Latest lab results:

WBC: _____	Na: _____	ALT: _____	INR: _____
HGB: _____	K: _____	AST: _____	PT: _____
HCT: _____	CO2: _____	Albumin: _____	PTT: _____
PLT: _____	Cl: _____	Prealbumin: _____	Lactate: _____
	BUN: _____	Transferrin: _____	
Blood type: _____	Creat: _____	LDH: _____	
	Gluc: _____	Total bilirubin: _____	
(Please have 2 units PRBC available.)		Direct bilirubin: _____	

ABG:

PH: \_\_\_\_\_

PCO2: \_\_\_\_\_

PO2: \_\_\_\_\_

Chest X-Ray:

\_\_\_\_\_

ECHO:

EF: \_\_\_\_\_

Aortic Valve Status: \_\_\_\_\_ Mitral Valve Status: \_\_\_\_\_ Pericardial effusion? Yes / No (circle one)

CT Head: \_\_\_\_\_ CT Chest/Abdomen: \_\_\_\_\_

Latest Vitals:  
HR: \_\_\_\_\_  
B/P: \_\_\_\_/\_\_\_\_  
Resp: \_\_\_\_\_  
SpO2: \_\_\_\_\_  
Temp: \_\_\_\_\_

Vent settings:  
Date of intubation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mode: \_\_\_\_\_  
FiO2: \_\_\_\_\_  
PEEP: \_\_\_\_\_  
When was the FiO2 last < 60%?  
\_\_\_\_\_

I/O status:  
Last 24 hours \_\_\_\_\_  
Since admission: \_\_\_\_\_

**Once completed, please fax to 860-545-1455 and call 860-972-ECMO (3266)**