

MGH ECMO Cannulation Strategies

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MGH COVID19 ECMO Cannulation Strategies:

1. Early Identification of Patients with potential ECMO needs.
2. Early Sheath Placement.
3. Cannulation should occur in the ICU to minimize hospital exposure.
4. A huddle should be performed prior to procedure.
5. Two Single Lumen Cannula placements is the preferred method of cannulation as opposed to Dual Lumen to minimize need for image/ECHO guidance.
 - a. Cannula size should be determined cannulating physician prior to opening the package.
 - b. An US should be in the room, with transthoracic probe if possible.
6. Minimize Staffing in the Room, Pre-Cannulation Huddle to determine who should be inside the room.
 - a. ICU Nursing: 1-2, based on patient stability.
 - b. OR Staff: 1-2, as determined by primary cannulating physician.
 - c. Physicians: 1-2, as determined by primary cannulating physician.
 - d. RT: 2.
7. Communication:
 - a. The individual on headset outside of room should be a Perfusionist, ECMO specialist or ECMO physician at the time of cannulation.
 - b. Clinician and Nurse available outside the room to write orders and fetch medications, equipment and run labs.
8. Isolation:
 - a. Preference for patients to be in located in room with negative pressure and anteroom.
 - b. Those needing to be in room prior to becoming sterile should place sterile gown and gloves over gown and gloves worn into room.
 - c. All staff entering room are required to tap into the biothreats tracker or sign in if tracker not present.
 - d. Circulate donning doffing video to all potential staff.
 - e. ICU nursing to supervise both donning and doffing of all staff and assist them in the process.
 - f. All needed additional equipment, medications, lab tests shall be placed in anteroom and picked up by the receiving team once the transferring team door is closed.
 - g. OR cart will be placed in anteroom at end of procedure and all used OR equipment placed inside before cart is wiped down and removed from room.