



# Standard Operational Guidance

## Transport on ECMO/ VAD

### Document Control Information

Author	Lynn Shields, Daniel Lutman	Author Position	ANP, CATS Consultant
Document Owner	Eithne Polke	Document Owner Position	
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## Transport on ECMO/ VAD

*The reason(s) for transfer must be understood and the risks/benefits of transfer considered at consultant level. All external assistance from the national ECMO centres must be exhausted prior to agreement to assist with transfer*

See also <http://picsociety.uk/wp-content/uploads/2015/03/Transport-on-ECMO - Standards 2015.pdf>

Please do not hesitate to call a permanent CATS nurse for further information and support

### Indication for remote cannulation

General operating principles apply. There is no change to first line management or need for rapid departure of an intensive care team to consolidate medical treatments and emergent transfer of a patient not on ECMO to an ECMO centre.

The mobile cannulation team should be considered in remote and very unstable cases that cannot be moved in a safe and timely way (again this discussion will involve the ECMO centre team).

### Mobile ECMO Team Personnel

#### CATS Team

- CATS Consultant / Doctor
- CATS ANP / Nurse
- Ambulance Technician support ( 1-2 personnel journey length dependent)

#### Cardiac Team

- Consultant Cardiothoracic Surgeon
- CICU Consultant
- Perfusionist

### Mobile ECMO Equipment

- CATS Standard Kit
- CATS Ambulance
- CATS CCT 6 Trolley, including 2 pump heads, ACT machine, 6 clamps
- Additional istat Cartridges (10 of each is advisable)

### CATS ECMO Transfer Pack Containing

- Side clamps
- Ratchet straps
- Power extension lead with multiple sockets
- Additional 1ml, 2ml and 5ml syringes (Leur lock)
- 50 ml syringes X 10
- 4 blood product IV giving sets
- 2 large clinical waste bags
- Sharps bin
- Additional non sterile gloves
- ECMO Folder

## Communication

- Duty CATS ambulance manager aware of transfer and staffing risk assessment made
- Accepting team on standby
- Receiving circuits and perfusionists on standby
- Family aware risks/benefit
- Family may not be able to travel with the child
- ECMO booklet to be given to parents
- Consent to be obtained prior to patient cannulation (surgeon)

## Transport considerations

Standard operating procedures apply

## Additional considerations

- 1) Assessment of power/gas endurance
- 2) Fluid boluses and adrenaline attached and primed to support cardiac output if required
- 3) Pump head failure plan (consider backup unit)
- 4) Traffic: consider 'Free passage' – phone number on CATS console, CATS consultant to activate only
- 5) Consider PSU for family transport