

STRAC REGIONAL ECMO CONSULTATION GUIDELINES

Early recognition of disease severity and request for consultation is essential to maximize outcomes for patients who may benefit from ECMO. Please refer **ANY** patient (*pediatric or adult*) meeting **ANY** one of the below criteria.

CONSIDERATIONS FOR ECMO CONSULTATION*
<p>Cardiac Considerations: (cardiogenic shock, AMI, acute decompensated heart failure, refractory ventricular arrhythmia, pulmonary embolism)</p> <ul style="list-style-type: none"> • Hypotension despite 1 pressor (secondary to cardiac dysfunction, not septic shock) • Lactate > 2.5 • Decreased urine output (< 30 mL/hr) despite medical optimization <p>Pulmonary Considerations: (ARDS, hypercapneic respiratory failure, PE)</p> <ul style="list-style-type: none"> • PaO₂:FiO₂ Ratio <150 • pH <7.25 and/or PaCO₂ > 60 for > 4 hrs • High ventilator support: PIP > 30, PEEP > 10, or FiO₂ > 0.6 • Active air leak (pneumothorax/pneumomediastinum) despite lung protective mechanical ventilation settings

**These conditions are not all inclusive. They are recommendations for early consultation with an ECMO Center, not necessarily indications for ECMO.*

RELATIVE ECMO EXCLUSION CRITERIA:

- Severe neurologic injury/neurodegenerative conditions
- Intracranial bleeding or neurosurgical procedures within the last 5 days
- Mechanical Ventilation >10 days on PEEP > 10, PIP > 30, MAP > 25, FiO₂ > 0.6
- Active, uncontrolled bleeding
- Malignancy with poor prognosis

STRAC ECMO Referral Centers:

Children's Hospital of San Antonio (CHoSA) 877-255-5439	Brooke Army Medical Center 210-916-ECMO (3266)	Methodist Hospital 210-575-ECMO (3266)	University Health 210-844-2347
Pediatric Only Conventional transport capable	Adult (includes Civilians) ECMO transport capable	Adult and Pediatric ECMO transport capable	Adult and Pediatric Conventional transport capable