THE ARIZONA
SURGELINE

REQUEST FOR COVID-19 ECMO IN ARIZONA

Extracorporeal Membrane Oxygenation (ECMO)

The Arizona Surge Line, in accordance with E.O. 2020-38, is facilitating the interfacility ECMO transfer requests for patients with COVID-19 in Arizona. As there are limited ECMO circuits available, the attached ECMO Summary Referral Template will be simultaneously sent to all major systems with ECMO in the state to speed the process.

INSTRUCTIONS

Complete the attached ECMO Summary Referral Template.

- OPTION: Printable form (attached)
- OPTION: Fillable PDF (HERE)

Sites require a comprehensive overview (HPI, laboratory, Echo results, DNR status, etc) to review candidacy. Incomplete Referral Templates will significantly delay evaluation.

Return the ECMO Summary Referral Template back to the Arizona Surge Line.

- OPTION: FAX to the Arizona Surge Line: 1-623-243-6820
- OPTION: EMAIL the Arizona Surge Line: azsurgeline@gmr.net

EXPECTATIONS

- The Arizona Surge Line will ensure all patients are evaluated for transfer.
- Receiving sites have different internal processes to follow-up about status of candidacy or clarification on the clinical case. It is possible that you will be contacted by one or more systems.
    - If requests are made for clinical records, the fax numbers for each facility are referenced below.
        - Banner: BHTS would like to go to the coordinator-Continue to send documents to the Arizona Surge Line
        - Dignity: 602-294-5783
        - Honor: 480-970-1490
        - Mayo: 480-342-0972
- If a patient is found to be a candidate, a Q24 hour short update (will be provided by the Arizona Surge Line) must be sent to the Arizona Surge Line, who will follow up with the appropriate sites. This is required in order for sites to evaluate patients in case of an ECMO circuit opening.

Please call the Arizona Surge Line at 1-877-787-4329 with any questions.

ECMO REFERRAL FORM

CLEAR ALL

SAVE AS PRINT

REFERRING HOSPITAL INFORMATION

CLEAR SECTION

Patient Location | Date/Time of Referral

Referring Clinician | Contact Information

PATIENT DETAILS

CLEAR SECTION

Patient's Name | DOB | Date of Admission

Age (<65 yo) | Sex | Height | Weight (kg) | BMI

Power of Attorney Contact Info | Code Status | Date of first COVID (+) Test

CLINICAL HISTORY

CLEAR SECTION

Brief HPI

Cardiac Disease: ☐ HTN ☐ CHF ☐ CAD ☐ A. fib ☐ Pulmonary HTN ☐ Diabetes ☐ ☐ None

Lung Disease: ☐ COPD ☐ Pulm. fibrosis ☐ Asthma ☐ None

Renal Dysfunction: ◯ Yes ◯ No Making Urine: ◯ Yes ◯ No UOP cc/hr CRRT/HD: ◯ Yes ◯ No

Functional Status Prior to Illness:

Date of Last Neurological Exam: Findings:

Contraindications to Anticoagulation: ☐ Active Bleeding ☐ Intracranial Hemorrhage ☐ Trauma ☐ Recent Surgery ☐ None

Malignancy ◯ Yes ◯ No | Cardiac Arrest ◯ Yes ◯ No | Tobacco Use ◯ Yes ◯ No

Immunocompromised ◯ Yes ◯ No | ETOH ◯ Yes ◯ No

Illicit Substances ◯ Yes ◯ No

RESPIRATORY DETAILS

CLEAR SECTION

Date of Intubation: | Number of Days on Mechanical Ventilation

Mode of Ventilation ☐ PC ☐ VC ☐ APRV | FiO_2 | PEEP | None | TV | Rate | P high/low | T high/low

Adjunct Therapy ☐ iNo ☐ Flolan ☐ None | Paralytic ◯ Yes ◯ No | Proned ◯ Yes ◯ No

ABG (should be ≤2 hrs from referral) (Time & Results) | Plateau Pressure

CARDIOVASCULAR DETAILS

CLEAR SECTION

Vitals | Temp | HR | BP | O_2 Sat

IV Drips & Dose/Rate | Drips | Bicarb ◯ Yes ◯ No

ECHO ◯ Yes ◯ No | LV Size/Function | RV Size/Function | PFO ◯ Yes ◯ No ◯ Unknown

Tricuspid Regurgitation ◯ No ◯ Yes | RSVP

VASCULAR ACCESS

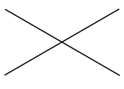
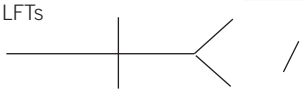
Access | **Venous** ☐ PICC ☐ IJ ☐ Subclavian ☐ Femoral | **Arterial** ☐ Radial ☐ Bronchial ☐ Femoral

LABS & IMAGING

CLEAR SECTION

Labs (Day of referral)

Date and Time

CBC  | Metabolic  | LFTs 

Coags  | Fibinogen | Lactate | Procalcitonin | D-dimer | CRP | LDH | Ferritin

Imaging | CXR (within 24 hr of referral) | CT

Vaccinated ◯ Yes ◯ No