Supported by the Arizona ECMO COVID Workgroup
Utilized by the Arizona Surge Line; www.azdhs.gov/surgeline

ECMO CLINICAL UPDATE FORM [Should be completed by sending facility Q24hrs]

PATIENT DETAILS

Patient's name

RESPIRATORY DETAILS

Mode of Ventilation ☐ PC ☐ VC ☐ APRV	Fi02	PEEP	PIP	TV	Rate	P high/low	T high/low
Adjunct Therapy & Dose	☐ iNO ☐ Flolan ☐ None		Paralytic ☐ Yes ☐ No		Proned ☐ Yes ☐ No		
ABG (should be ≤ 2hrs from referral)	(Time & Results)						

CARDIOVASCULAR DETAILS

Vitals	Temp	HR	BP	CVP	C.I. (>2.2)

IV Drips & Dose/Rate	Epi	Levo	Vaso	Neo	Dopamine	Dobutamine	Milrinone	Bicarb
	Sedation:							

LABS & IMAGING

Labs Date and Time:	CBC	Metabolic	LFTs
	Coags	Fibrinogen	TEG MA R time	Lactate	Procalcitonin
	Ferritin	LDH	CRP	D-dimer	Type and Screen
Imaging					

PENDING TESTS & TO DO LIST

☐	☐	☐
☐	☐	☐
☐	☐	☐

Notes