1. **ALLERGIES/REACTIONS:**

2. **CANNULATION:** ☐ V-A ☐ V-V

3. 2:1 Nursing

4. Initiate Receiving Cardiac Surgery Physician Order #017 (to be used in conjunction with ECLS orders)

5. **ECLS SETTINGS:**
   - ☑ Set _____RPMs to maintain _________ L/minute
   - ☑ FDO2 100%
   - ☑ Sweep Flow Rate: Titrate to keep PCO2 = 35 – 45 mmHg

6. Keep 4 units PRBC’s on hold at all times while on ECLS

7. **HEMODYNAMIC PARAMETERS** – Notify Surgeon if:
   - MAP: ________________________
   - CVP/RA: ________________________
   - PAD/LA: ________________________
   - CARDIAC INDEX: ________________________
   - ECLS CARDIAC OUTPUT less than: ________________________
   - CHEST TUBE OUTPUT greater than: ________________________
   - Excessive bleeding noted at cannulae insertion sites
   - Hematoma (New or growing)
   - Limb ischemia (diminished/absent pulses, mottling/palor, cool extremity)
   - Inability to maintain flow rate or Liters/minutes
   - Any position changes in cannulae

8. **ACTIVITY:**
   - ☑ Strict Bedrest. Patient may be log rolled from side to side. Leg with pump insertion site must be kept straight.
   - ☑ Knee immobilizer as needed
   - ☑ HOB elevated no more than 30 degrees

9. **ASSESSMENT & CARE:**
   - ☑ Maintain dry gauze dressing on cannulation site(s). Sterile dressing change every 24 hours and PRN. No adhesive tape applied to cannula.
   - ☑ Complete Pump/Circuit/Safety checks every 6 hours and with handoffs in care

10. **ANTICOAGULATION:**
    - ☑ Begin heparin infusion at 12 units/kg/hour (rounded to the nearest 100 units).
    - Use standard heparin infusion concentration of 50 units/ml and infusion pump.
    - Continue to check ACT every hour, goal range = 180-220/sec; use ACT for heparin dose adjustments, per CT ICU team and Perfusion Services
    - Check aPTT every 6 hours, beginning 6 hours after initiation of heparin infusion; use ACT to adjust heparin (ideal goal range for aPTT = 60-90 seconds)
    - Notify CT ICU team for any signs of active bleeding or if unable to obtain blood sample
    - Hold heparin infusion for active, life-threatening bleeding or per CT ICU team
    - Heparin hold or dose adjustment must be reassessed at least every 4 hours by the CT ICU Attending Physician

**NOTE:** These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

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<th>DATE</th>
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Another brand of drug, identical in form and content, may be dispensed unless checked. ☐