

AHA -

	Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)	Information not available	
Referring Hospital Referring hospital arrival date/time:	//: MM DD YYYY HH : MM		
Referring hospital discharge date/time	//: MM DD YYYY HH:MM		

Direct oral anticoagulant Warfarin IV heparin Other Antiplatelet Medication: Aspirin P2Y12 Inhibitors Other Antiplatelet Levosimendan Milrinone Nitroprusside Norepinephrine Phenylephrine

Presence of MCS Device(s) at assessment None Impella Impella 2.5 Impella CP Impella ECP Impella 5.0

Date/Time Stroke detected

Implanted Device IABP	IABP				
	25 cc	30 cc 3	4 cc	40 cc	50 cc
Date/Time of Implant Procedure IABP	_/_/: (MM/DD/YYYY HH:MM) U			Unl	known
Died with implant in place IABP	Yes	No			
Device explant date/Time IABP:	//:(MM/ DD/ YYYY HH:MM)				
Arterial Implant Site - IABP:	Right Right Axillary Right - Femoral Left Left Axillary Left - Femoral Central				
Receiving CPR at time of Implant - IABP	Yes	No		Unknow	n/ND
Reason for device implant IABP (Select all that apply)	Critical Left Main/Severe CAD Incessant Arrhythmia Refractory Ischemia Shock Severe Heart Failure without Shock Severe Valvular Dysfunction Supported PCI Ventricular Septal Defect Left-ventricular venting during VA-ECMO Other reason for device implant (Specify):				
Vascular closure applied IABP:	Collagen-based plug with MANTA Dry-based Manuel compression (Femostop) Planned open surgical repair Suture-based (Proglide, Prostar XL) Other (Specify):				
Impella Implanted Device Impella Impella 2.5					

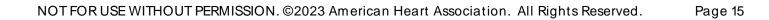
Date/Time of Implant Procedure TandemHeart

\_/ \_/ \_\_\_\_ \_:\_\_ (MM/DD/YYYY HH:MM)

		Severe Heart Failure v		ck		
		Severe Valvular Dysfunction				
		Supported PCI	faat			
		Ventricular Septal De				
		Left-ventricular ventin Other reason for devi				
		Other reason for devi	ce implant	(Opecity)	_	
		Collagen-based plug	with MANT	Ā		
		Dry-based				
			Manuel compression (Femostop)			
Vascular closure applied	Other:	Planned open surgical repair				
		Suture-based (Proglide, Prostar XL)				
		Other (Specify):				
ECMO TAB						
Pre-ECMO Events						
		None				
			Intra-Aortic Balloon Pump (IABP)			
		Impella (any)				
Select any current device	(s)	Tandem Heart				
supporting patient pre-E		Left Right				
			Temporary surgical VAD (e.g. CentriMag)			
[Device(s) already selected						
MCS tab will be auto-pop	pulated	Left Right				
here]						
		Other (Specify):				
		Planned for patient d	eterioratior	n (Prophylactic)		
Circumstances of ECMO (	Cannulation	Emergent (ECPR or Salvage) Failure to Wean from CPB				
(select all that apply):	Camaration					
		Progression of IIIness Despite Established VAD/ Temporary Mechanical Circulatory Support / IABP				
GCS Score (if assassed in	modiatoly	Mechanical Circulato	ry Support			
<b>GCS Score</b> (if assessed immediately pre-ECMO)		GCS not assessed				
Is there an ELSO record for this				Unknown/No	ot	
patient?	-	Yes	No	Documented		
If yes, enter ELSO Patient	Record					
Number (optional)						
Vascular Access & Initiation	on of ECMO					
Date/Time ECMO	/ / .		Unknown			
started	·					
	Cannulation	anatomical Site	Cannula size (Fr)	Cannula manufacturer	<mark>Cannula</mark> Model	
		ernal jugular vein				
Cannulation Right Fem		moral Artery				
anatomical site (check						
all that apply)						

all that apply)

[repeat for <u>each</u> cannula placed]



Common device used (e.g., Cardiohelp)	Yes	No	Unknown / Not Documented
Console/Drive unit Manufacturer / Name:			
<mark>Oxygenator Manufacturer</mark> <mark>/ Name</mark>			
Safety features incorporated in the ECMO circuit for this event	Bridge		