

AHA -

	Transfer from a Information not available Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
Referring	
<mark>Hospital</mark>	<u></u>
Referring	
hospital arrival	MM DD YYYY HH:MM
date/time:	WIN DD TTTT
Referring	
hospital	MM DD YYYY HH:MM
discharge	ואוואו חח ואוואו -
date/time	

Direct oral anticoagulant Warfarin IV heparin Other Levosimendan Milrinone Nitroprusside Norepinephrine Phenylephrine

Antiplatelet Medication:

Aspirin

P2Y12 Inhibitors Other Antiplatelet

None
Impella
Impella 2.5
Impella CP
Impella ECP
Impella 5.0

Presence of MCS Device(s) at assessment

__/__/______:_ MM/DD/ YYYY HH:MM

Implanted Device IABP	IABP			
Implanted Device TABP	25 cc 30 cc	34 cc	40 cc	50 cc
Date/Time of Implant Procedure IABP	_/_/(MM/DE	D/YYYY HH:MM)	Ur	ıknown
Died with implant in place IABP	Yes N	<mark>/o</mark>		
Device explant date/Time IABP:	/:(MM/D	DD/YYYY HH:MM)		
Arterial Implant Site - IABP:	Right Right Axillary Right - Femora Left Left Axillary Left - Femoral Central			
Receiving CPR at time of Implant - IABP	Yes	No	Unknov	vn/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):			
Implanted Device Impella	Impella Impella 2.5			

//______:__(MM/DD/YYYY HH:MM)

		Severe Heart Failure w Severe Valvular Dysfu Supported PCI Ventricular Septal Def Left-ventricular ventir Other reason for device	nction fect ng during V	A-ECMO	
Vascular closure applied Other:		Collagen-based plug Dry-based Manuel compression Planned open surgica Suture-based (Proglid Other (Specify):	(Femostop) I repair Ie, Prostar X		
ECMO TAB					
Select any current device(supporting patient pre-ECIDevice(s) already selected MCS tab will be auto-pophere]	CMO d from the	None Intra-Aortic Balloon Pu Impella (any) Tandem Heart Left Right Temporary surgical VAL Left Right Other (Specify):	O (e.g. Cent	riMag)	
Circumstances of ECMO Cannulation (select all that apply):		Planned for patient deterioration (Prophylactic) Emergent (ECPR or Salvage) Failure to Wean from CPB Progression of Illness Despite Established VAD/ Temporary Mechanical Circulatory Support / IABP			
GCS Score (if assessed im	mediately			GCS not as	sessed
pre-ECMO) Is there an ELSO record fo patient?	rthis	Yes	No	Unknown/N Documented	
If yes, enter ELSO Patient	Record				
Number (optional) Vascular Access & Initiation	n of ECMO				
Date/Time ECMO	IT OF ECIVIO			Lla las acces	
started	//	<u> </u>		Unknown	
		anatomical Site	Cannula size (Fr)	Cannula manufacturer	<mark>Cannula</mark> Model
		ernal jugular vein			
Cannulation	Right Fer	noral Artery			

anatomical site (check 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:			
Oxygenator Manufacturer / Name			
Safety features incorporated in the ECMO circuit for this event	Bridge		