

SCGH ECMO INCLUSION/EXCLUSION CRITERIA

Currently this is an in hours service (0800-1700) however patients who meet criteria out of hours could be discussed with cardiothoracics/ICU.

Inclusion

Patient with **out-of-hospital** cardiac arrest which is refractory to standard ACLS treatment
AND:

1. Age 16-65 years
2. Likely primary cardiac, respiratory or other reversible cause
3. Witnessed arrest
4. CPR commenced within 10 minutes of arrest
5. Duration of arrest (collapse to arrival in ED) **<45 mins**
6. No major co-morbidities that would preclude return to independent living

Exclusion

1. First checked rhythm is asystole
2. ETCO₂ <10mmHg
3. Limits of care or do-not-resuscitate orders in place
4. Terminal illness due to malignancy/chronic disease
5. Significant neurologic/neuromuscular impairment
6. Known symptomatic chronic organ failure
 - Multiple past coronary revascularisations
 - Cirrhosis (jaundice, ascites, encephalopathy)
 - ESRF (dialysis)
 - Cardiomyopathy (VAD, inotropes or EF <35%)
 - Chronic lung disease (NYHA III or IV)
 - Chronic pulmonary arterial hypertension
7. Major trauma/active haemorrhage

Pending the creation of a code ECMO call, cardiothoracics (+ perfusionist)/ICU/ED USS consultant/ED duty consultant +/- cardiologist should be informed as early as possible if a patient is considered a probable candidate prior to or soon after arrival.

NB The final decision for suitability will be determined on a case by case basis using the above inclusion/exclusion criteria based on the assessment of two consultants.