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Michelle McKain

Shayna Evans

Johanna I. Orrick

Kari L. Davidson

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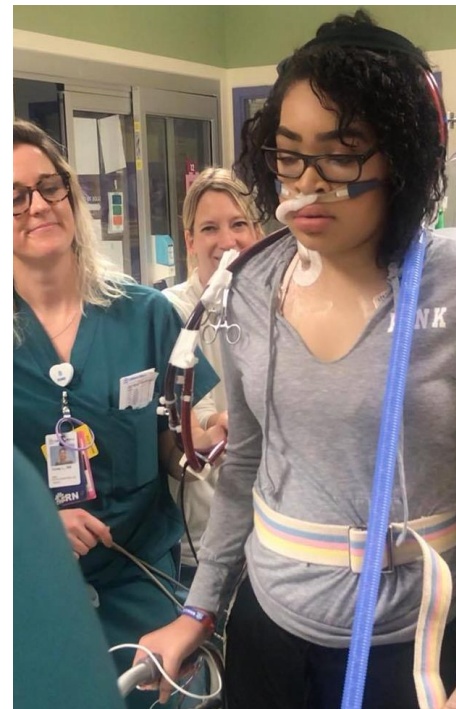
ECMO Clinical Practice Committee: Empowering the Frontline Staff

Michelle McKain BSN, RN, CCRN, Shayna Evans BSN, RN, Johanna Orrick BSN, RN, CCRN,
Kari Davidson MSN, RN, CCRN

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BACKGROUND

- ECMO – Extracorporeal Membrane Oxygenation for heart and/or lung failure
- Program established early (1987) at Children's Mercy
- Shared governance teams improve outcomes
- ECP committee developed in 2016



Extubated Patient Mobility Safety Checklist	
1 Hour prior to mobility	
Team discussion of mobility activity to be performed. Confirm availability of attending, ECMO team, respiratory support, and physical therapy. Consider unit acuity and procedures.	
<ul style="list-style-type: none"> • RT needs at least 1 hour notice • Make sure equipment is present/physical therapy is bringing needed equipment <ul style="list-style-type: none"> o Gait belt o Walker o Wheel chair (or other chair to follow when walking) 	
Discuss any unique considerations regarding ECMO equipment, set-up, (sweep gas, HFNC), etc.	
Place proper clothing and footwear	
Assess all IVs/tubes/dressings, note placement, secure to transport equipment if needed	
Time out (Performed just before mobility)	
Assessment of pain/anxiety – administer medications if necessary	
Disconnect non-essential equipment (i.e. enteral feedings/IVs)	
Nasal cannula secure and enough length for activity	
Secure ECMO cannulas – Utilize extra head band and assign one person to have hands on insertion site at all times	
<ul style="list-style-type: none"> ***ECMO core team place sweep gas to tanks ***Discuss variance in P1/P2 pressures as transducers not level – Person assigned to cannulas should monitor for "chatter" 	
Bed low & locked	
Reassess staff presence and confirm mobility plan (ECMO specialist, RT, PT, MD) ***Call intensivist when ready to stand	
Patient informs team of "Stop Signal" indicating a rest break is needed	
Check environment and clear area of hazards/obstacles	
Pause after every major movement: <ul style="list-style-type: none"> • Dangle patient at edge of bed—pause—apply gait belt—check CT/lines/catheter/cannula • Have patient stand (with walker if needed)—pause—check CT/lines/catheter/cannula • If patient is not tolerating at any time – STOP and safely place patient back in bed 	
POST MOBILITY	
Assist patient back to bed	
Place back on previous respiratory settings	
Reconnect tubing/lines/catheter	
Document	

RESULTS

Some successful projects include:

- ECMO mobility
- Anticoagulation guidelines
- Staffing model changes and development
- Education of non-ECMO caregivers
- Tandem therapies
- Development of the ECMO Quality Improvement (EQI) checklist

METHODS

- Team members include RNs and RTs:
 - ECMO Core team
 - ECMO bedside specialists
 - ECMO leadership
- Meetings every other month
 - Microsoft Teams
- Project ideas come from Situation-Target-Proposal (STP) forms, bedside specialist meetings and leadership

ECMO Quality Improvement

Date _____			ICN _____	PICU _____	CV _____	Room # _____
A Alarms from Previous Shift Discussed	<input type="checkbox"/>	<input type="checkbox"/>	Safety Considerations		Date _____	
B Bleeding Issues Discussed	<input type="checkbox"/>	<input type="checkbox"/>	Last Component/Circuit Change		_____	
C Circuit Integrity Discussed	<input type="checkbox"/>	<input type="checkbox"/>	Dressing Change Done		_____	
E ECMO transfusion goals discussed	<input type="checkbox"/>	<input type="checkbox"/>	Cultures Last Sent		_____	
F Function: PT/OT Discussed (Days)	<input type="checkbox"/>	<input type="checkbox"/>	Type & Screen Due (Nights)		_____	
G Goals Discussed	<input type="checkbox"/>	<input type="checkbox"/>	Lab Times		_____	
H Have Parameters Been Updated	<input type="checkbox"/>	<input type="checkbox"/>	On/Off going Circuit Check		<input type="checkbox"/> <input type="checkbox"/>	
I Imaging Reviewed --Cannula position, HUS, CT, ECHO	<input type="checkbox"/>	<input type="checkbox"/>	Additional Therapies:		_____	
* Attending present on rounds:	<input type="checkbox"/>	<input type="checkbox"/>	Bubble detector or ERC engaged (tally #):		_____	

CONCLUSION

- Bedside staff's contributions to decision-making processes are a link to employee satisfaction and improved patient outcomes
- ECP's collaboration, innovation and dedication have a direct impact on the program's growth and success

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