

UNIVERSITY OF MARYLAND MEDICAL CENTER ECMO – EXTRACORPORAL MEMBRANE OXYGENATION POLICY AND PROCEDURE MANUAL	PAGE: 1 of 2 EFFECTIVE:	POLICY NO: REVISED:
SUBJECT: Repositioning ECMO Patients ADULT	<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;">DRAFT</div> DIRECTOR'S SIGNATURE: MEDICAL DIRECTOR'S SIGNATURE:	

KEYWORDS: ECMO Reposition

I. POLICY

To position patients in a safer manner to protect the cannulas and facilitate better ECMO system flow. Moving an ECMO patient from bed to bed or from bed to special procedure table. Indicated for all patients on ECMO that are at risk for developing pressure ulcers.

II. RESPONSIBILITIES

A. ECMO Specialist

- a. An ECMO Specialist will physically hold cannulas for any patient movement.
- b. Assists the nurse in all patients repositioning.
- c. Assist other team members in positioning patients for any procedure.
 - i. X-Ray
 - ii. Reintubation
 - iii. OR / Cath lab table
 - iv. Chest tube placement
 - v. Other Procedures

B. Respiratory Therapist

- a. Maintain endotracheal tube position.
- b. Maintain patient ventilator support.

C. Nurse

- a. Watch patient lines (IV, foley, gastric tube)
- b. Assist with the actual moving of the patient.
- c. Monitor patient vitals during move.

III. PROCEDURE

- A. Assure ventilator tubing, foley, gastric tube, and all venous and arterial lines have plenty of slack
 - a. Specialist may need to un-tape lines from bed.
 - b. Lines must be held while they are un-taped.
 - c. Re-tape and secure lines following patient reposition.
- B. Respiratory therapist to maintain endotracheal tube position.
- C. Note post-membrane port (PMP) pressure.
- D. ECMO specialist to hold and maintain ECMO cannula(s).
- E. On ECMO specialist command, slowly move patient to desired position.

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- F. Note PMP pressure. If increased, move patient to a more desirable position to maintain similar PMP pressures.
- G. Secure all lines and tubing.

VII. CLINICAL CONSIDERATIONS