UNIVERSITY OF MARYLAND MEDICAL CENTER, CARDIAC SURGERY INTENSIVE CARE UNIT ECMO – EXTRACORPORAL MEMBRANE OXYGENATION POLICY AND PROCEDURE MANUAL		PAGE: 1 of 2 EFFECTIVE:	POLICY NO: REVISED:
SUBJECT: Accidental Decannulation ADULT	DRAFT	DIRECTOR'S SIGNATURE: MEDICAL DIRECTOR'S SIGNATURE:	

Keywords: ECMO Decannulation

I. POLICY

- A. To provide guidance in handling an accidental decannulation.
- **B.** To minimize the deleterious effects from accidental decannulation.
- C. This is an extreme emergency.

II. **RESPONSIBILITIES**

- A. The ECMO Specialist will perform duties as listed below.
- B. The Physician will direct overall care of the patient.
- C. The nurse will compress incision site and apply direct pressure.
- **D.** The respiratory Therapist will handbag and adjust emergency ventilator settings.

III. PROCEDURE

- A. Call for help.
- B. Remove the patient from ECMO.
- C. Delegate responsibility:
 - a. Nurse to compress incision site and continue to apply direct pressure over site.
 - b. Physician to direct overall care of the patient
 - c. Respiratory Therapist to handbag or use emergency ventilator settings.
- D. Circulate pump at low flow.
- E. Turn sweep flow OFF.
- F. Turn heparin OFF.
- G. Assist in transferring necessary medications from pump to patient lines.
- H. Turn all unnecessary medications going into ECMO pump OFF.
- I. Maintain competence of pump for immediate return to ECMO when possible.
- J. STAT page surgeon.
- K. Call Transfusion Medicine, order 3 units of blood in a cooler.
- L. Check ACT of pump q 30 minutes.
- M. Check ACT of patient q 30 minutes as patency of cannula must be assured for recannulation.
- N. Retrieve sterile cannula of same size and one of smaller size for re-insertion from cannulation cart.
- O. Assist surgeon, as needed.
- P. Once cannula is re-inserted, initiate support
- Q. Document procedure and total time OFF ECMO.

VII. CLINICAL CONSIDERATIONS

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VIII. SUPPORTIVE INFORMATION