PMG for ECMO Consults across Acute Care Surgery (TICU, SICU, BICU)
Version Date: 11/15/2023

**Inclusion criteria for ECMO consideration:**
Meets definition of ARDS and ≥ one of the below:
1. P:F <80 x 6 hours on ≥ 80% FiO₂, or
2. P:F <50 x 3 hours, or
3. pH <7.25 with PaCO₂ > 60 x 6 hours

**Consider Severe Respiratory Failure Measures**
- Deep sedation
- Neuromuscular blocking agent
- Inhaled pulmonary vasodilator
- Prone positioning
- Maximize mechanical ventilation
  - FiO₂ 100%
  - High PEEP ≥ 12
  - Maximal RR and Vt without compromising lung protection (if meeting hypercapnic criteria)
    - Goal total pressure/plateau pressure < 32, Vt < 6cc/kg

**Special considerations**
If massive PE suspected/confirmed, utilize PERT algorithm (615-421-1111)

**Relative Contraindications for ECMO (Attending to attending discussion encouraged)**
- Advanced age, DNR
- Limited Vascular Access and/or severe PAD
- Inability to accept blood products
- Severe uncorrectable coagulopathy
- Poor neurologic prognosis
- Recent TBI
- Recent solid organ injury
- Organ dysfunction limiting overall benefit of ECMO (e.g., untreatable metastatic cancer)
- Cardiac failure without option for VAD or transplant
- End-stage lung disease without option for transplant
- Severe AI
- Aortic dissection/injury
- Injurious and/or prolonged ventilator settings >=7d
- Advanced Frailty (e.g., clinical frailty scale >=4)

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