Patient Label	**PICU ECMO DAILY GOAL SHEET** Version 5, Revised 10/10/19 Note: PERFORMANCE IMPROVEMENT DOCUMENT DO NOT PLACE IN CHART	**Date:** _____ **History**:	**Daily ordering MD:**_____ **ECMO Surgeon:**_____ **For Emergencies: Surgery Senior In House: 216-4363**

Additional Quality Control Measures

System	AM Plans/Goals	PM Plans/Goals	

ECMO	Goal pH: _____ PaO2: _____ SpO2: _____
	Trial Off? Y □ N □
	Cannula position checked by x-ray? Y □ N □
			-Events or deviations including near misses? Y □ N □
			      If yes, complete incident report
			-Dosing weight? Y □ N □
			-Over 40 kg requiring adult dosing? Y □ N □
			       (including heparin titration)
			-Isolation required? Y □ N □ Reason: _____

PULM	Vent: [PC, PEEP 10, Rate 10, PC 10] _____ Emergency vent settings posted? Y □ N □ Lung Conditioning? Y □ N □ Freq? [Q6] _____ HOB at 30 deg? Y □ N □		-Restraints renewed? Y □ N/A □ -PT/OT/Rehab Consult? Y □ N □ -Staff concerns addressed? Y □ -Order Read Back? Y □
CV	Goal MAP/SBP:_____		-Pressure injury? Y □ N □ Location: _____ -Wound Care Consult? Y □
FEN/GI	Nutrition:_____ Bowel Regimen:_____ Gastritis ppx: Y □ N □ N/A □ I/O goal:_____ SCUF/CRRT net hourly goal:_____		**Lab/Imaging schedule**: Loaded ABG: _____ CBC: [Q6]_____
HEME	Hgb: [≥ 10 neonate; ≥ 9]_____ Platelets: [≥50]_____ Fibrinogen: [≥150]_____ Heparin Level: [0.3-0.7]_____		Chem 10: [Q12]_____ DIC Panel: [Q12]_____ Unfract. Heparin Level : [Q4]_____
ID	End date set: _____ Abx levels due: Y □ N □ N/A □ Fungal ppx: Y □ N □		Plasma Free Hgb: [daily] _____ CXR: [daily] _____ Abd Xray: [daily if fem cannula]_____
NEURO/ SEDATION	RASS goal: _____ Paralytic holiday: Y □ N □ N/A □		HUS: [daily x 3] _____
LINES/TUBES	Foley □ Art Line □ CVL □ Chest tubes □		**Miscellaneous**:
SOCIAL	Updating physician: _____ date of last update _____		
	AM: MD ____ RN ____ RT ____ ECMO ____	**PM**: MD ____ RN ____ RT ____ ECMO _____	