

# [HUP] Extracorporeal Cardiopulmonary Resuscitation (ECPR) Protocol

Refer to this document at the start of ACLS

## ECPR criteria met?

Both must be met

1. This is a witnessed arrest
2. CPR has been going on for < 20 minutes

**ECPR criteria NOT met**

**ECPR criteria met**

## Does the patient have ANY of the absolute contraindications below?

1. Contraindication to **anticoagulation?** (cerebral hemorrhage, active GI bleeding, etc.)
2. Known irreversible **end-stage organ failure?**
3. Severe **aortic regurgitation or dissection?**
4. Severe **peripheral vascular disease, prior aortic or iliac stent?**
5. Weight > 140kg?
6. Prognosis of **terminal cancer** (<1 year survival)?
7. Age > 75 years old?

**YES, patient has contraindications to ECPR**

**NO contraindications to ECPR**

**Patient may be a candidate for ECPR**

**Provider: Contact ECPR responders  
CALL 3333**

- Document the time that ECPR responders were notified

### Provider: Prepare information for the ECPR responders

1. Time of code:
2. Presumed cause of arrest (arrest, shock, hypoxia, etc.)
3. Patient's cardiac rhythm (asystole, PEA, VF, VT)
4. EKG signs of ischemia (ST elevations, depressions)
5. Bridge strategy (PCI, ablation, VAD, transplant, recovery)
6. Data (most recent):

- Troponin
- Creatinine
- Lactate
- Platelet

- Type of Anticoagulation:  
(TPA, heparin, Coumadin etc.)

- INR:
- PTT
- Total Bilirubin:
- Hemoglobin
- Blood gas (arterial or venous)

### Team: Prepare for ECPR procedure

1. Clear out all unused equipment and furniture
2. Limit personnel in clinical area (code team leader, primary RN, documentation RN, Respiratory Therapy should remain in the room)
3. Pharmacy present with emergency medications
4. Ultrasound machine with sterile drape and gel

**Notify the accepting unit or procedure suite**

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Contact Nikhil Mull, MD or Emilia Flores, PhD, RN for more information on our PennPathways program.

This PennPathway was developed using a multidisciplinary approach and presents the best model of care based on the best available scientific evidence the time of publication. Recommendations are not intended to replace professional judgement.

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