

Management Strategy following ECMO Cannulation in COVID-19 Patients Most Common Approaches at the 4 ECMO Centers	
Sedation	Deep sedation (RASS goal -4 or -5) with paralytic for first 2 days following ECMO cannulation, then discontinue the paralytic and target moderate sedation (RASS -1 to -3)
Ventilation	<ol style="list-style-type: none"> 1. Pressure control with driving pressure 15, PEEP 10, RR 10 or less, $\text{FiO}_2 < 50\%$ 2. Airway Pressure Release Ventilation (APRV) with Pressure-high 25, Pressure-low 10, Time-low 0.6 sec, RR 6-10, $\text{FiO}_2 < 50\%$
Anticoagulation	<ol style="list-style-type: none"> 1. Unfractionated heparin infusion with Activated Clotting Time (ACT) goal 160-180 seconds 2. Unfractionated heparin infusion with anti-Xa goal 0.3-0.5 U/mL 3. Unfractionated heparin infusion with aPPT goal 49-64 seconds 4. Bivalirudin infusion with a goal aPTT of 50-70 seconds and ASA 81mg daily 5. Bivalirudin infusion in cases of heparin resistance/low ATIII or in cases of Heparin Induced Thrombocytopenia (HIT), with ACT goal of 160-180 seconds 6. Argatroban infusion in cases of heparin resistance/low ATIII or in cases of Heparin Induced Thrombocytopenia (HIT), with aPTT of 50-70 seconds
Tracheostomy	No standard approach, primarily performed between 2-4 weeks following ECMO cannulation.