

ECMO management

After an initial bolus of 50-100 UI/kg, continuous intravenous unfractionated heparin (UFN) was administered for an anti-Xa level target of 0.2 to 0.4 UI/mL. Since the COVID-19 pandemic, a higher anti-Xa level target was aimed to avoid fatal thrombotic events during cannulation. [17, 18]. All ECMO implanted by our mobile ECMO unit in remote regional hospitals were hospitalized in CTVR-ICU. After ECMO implantation, we targeted a body temperature over 36.5°C, peripheral oxygen saturation between 92 and 96%, PaCO₂ between 35 and 45 mmHg, and blood pump flow to ensure at least 70% of the patient cardiac output. Ultra-protective ventilation of 4 ml/kg of predicted body weight was applied during ECMO therapy.

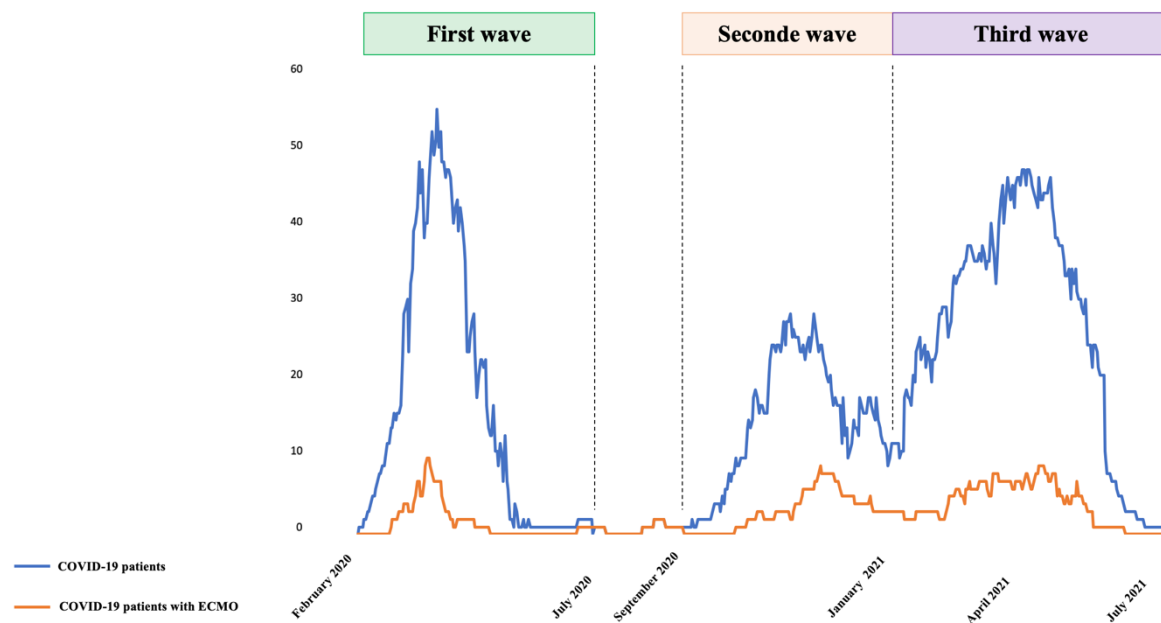


Figure 2: Evolution of the number of COVID-19 patients hospitalized in intensive care unit at Amiens University Hospital during the three epidemic waves. The blue curve represents the number of patients hospitalized in intensive care unit per day. The orange curve represents the number of ECMO for CARDS hospitalized in intensive care unit per day.

CARDS: COVID-19 acute respiratory distress syndrome. **ECMO:** extracorporeal membrane of oxygenation.