



1000000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

ECMO FLOW SHEET

Date	
WT	_____ kg
BSA:	_____
Cl:	_____
	1.5 2.0 2.5 3.0

VITAL SIGNS	TIME																				
	HR																				
	Systolic/Diastolic BP																				
	Mean Arterial BP																				
	CVP																				
	Saturations (SaO2)																				
Temperature																					
CIRCUIT	PUMP FLOW																				
	Mixed Venous Saturation																				
	SWEEP GAS																				
	SWEEP FIO2																				
	Pre-membrane Pressure																				
	Post-membrane Pressure																				
Bladder Pressure																					
BLOOD GASES	Site (A-arterial;V-venous,P-PUMP)																				
	pH																				
	pCO2																				
	pO2																				
	HCO3																				
	Base Excess																				
COAGULATION	ACT-Activated Clotting Time																				
	Heparin (Units/kg/hr)																				
	Platelets																				
	Fibrinogen																				
	PT/PTT																				
	INR																				
D-DIMER																					
LABS	HCT																				
	Na																				
	K																				
	Ca++																				
	Glucose																				
INPUT	PRBCs																				
	PLTS																				
	FFP																				
	CRYO																				
	Albumin																				
	Normal Saline																				
	IVF/TPN + lipids																				
	Heparin (ml/hr)																				
	Arterial line fluids																				
	MEDS/Flushes																				
	Infusions																				
	Other																				
TOTAL IN (Hourly)																					
TOTAL IN (Running)																					
OUTPUT	Urine output																				
	Ultrafiltrate																				
	Chest/Mediastinal tubes																				
	Other																				
	TOTAL OUT (Hourly)																				
TOTAL OUT (Running)																					
Initials																					

COMMENTS: