

ECMO Referral RN Report Checklist

- ☐ Referring Hospital and City
- ☐ Referring Hospital Contact Name and #
- ☐ Patient Name/DOB/weight
- ☐ Diagnosis
- ☐ PMH/Allergies
- ☐ Continuous gtts
- ☐ Ventilator/Respiratory
- ☐ IV Access/ Arterial line
- ☐ Labs (would like Hbg above 9 and Plts above 100 before cannulating)
- ☐ Family/Decision makers