

Description of	Surgical intensivists often encounter patients who may require ECLS for acute respiratory failure, acute cardiac failure, and other indications. Surgical intensivists are often called to consider the role of ECLS in these patients and must be knowledgeable in the initiation, management, and discontinuation of ECLS.		
the Activity			
Functions	 Resuscitation Identify patients who are candidates for ECLS. Determine the appropriate timing of ECLS initiation. Weigh the potential favorable and unfavorable outcomes of ECLS, and counsel patients/caregivers. Coordinate care with consulting teams to assess the need for intervention and interprofessional management, recognizing resource limitations. Guide the periprocedural management of patients on ECLS. Recognize the need for potential anticoagulation. Identify various cannulation considerations and configurations. Recognize complications of ECLS cannulation. Initiate and adjust ECLS settings to optimize patient physiology. 		
	 Ongoing Management Manage the ECLS circuit to optimize patient physiology. Manage medications and other support devices to optimize patient physiology. Recognize and manage complications of ECLS. Consider how continuous renal replacement circuits interact with the ECLS circuit. 		
	 Transition of Care Manage the weaning of ECLS treatment, and identify candidates for decannulation. Coordinate ongoing therapy and rehabilitation with the interprofessional health care team. Prepare for the potential long-term needs of patients requiring ECLS support. Consider appropriate timing of tracheostomy. Consider patients for advanced cardiac support therapies, durable mechanical support, or cardiac transplantation. Consider patients for pulmonary transplantation evaluation. Lead an interdisciplinary team to ensure streamlined care and communication to patients/caregivers to include decision-making that addresses and considers patients' goals of care. 		



	 Throughout the care continuum, and particularly when there are unanticipated changes in the course of a patient's ECLS treatment, provide and lead the team in primary palliative care regarding communication, symptom management, and goal concordance. In complex patient care scenarios, lead the team in weighing the risks, benefits, and goal concordance of possible therapies, using the assistance of subspeciality palliative care and ethics teams as needed. Customize difficult news to patients/caregivers, setting realistic recovery expectations and facilitating goals-of-care discussions. Identify when disease has become acutely life-limiting with no further disease-directed treatments, and lead the team in helping transition patients/caregivers to end-of-life care, prioritizing comfort and symptom-directed therapy as indicated. Lead the team in reflection on difficult patient care experiences, and employ coping strategies that maximize provider well-being and the health of the team.
Scope	 ❖ In scope ➤ All conditions that require ECLS support in adults and children



Evaluation & Management of a Patient Requiring Extracorporeal Life Support (ECLS)			
Level	Resuscitation	Ongoing Management	Transition of Care
Limited Participation Demonstrates limited critical care knowledge and skills Framework: What a learner directly out of residency should know Performs ICU procedures on straightforward patients but requires supervision/direction for more complex patients/procedures Requires continuous direct supervision by the attending for patient management	 Identifies ECLS as a possible treatment for a patient with severe cardiac and respiratory failure Demonstrates limited knowledge of ECLS settings Demonstrates understanding of the differences between VV and VA ECLS Demonstrates limited knowledge of cannulation and its effect on a patient's physiology and potential complications Provides a status update about a straightforward patient to the patient/caregiver(s) Recognizes institutional limitations regarding ECLS (eg, not available) Contacts faculty and consultants for cannulation and relays patient information about eligibility for ECLS when prompted 	 Recognizes that the ECLS circuit requires adjustment in settings based on patient physiology Demonstrates limited understanding that modifications in other treatments and support may be necessary while a patient is on ECLS Requires continuous supervision to address underlying causes of respiratory and cardiac failure in the context of progressing overall patient care Demonstrates limited understanding of various ECLS complications (flow disruption, circuit disruption, circuit failure, clotting, malperfusion) Provides status updates about a straightforward patient to the patient/caregiver(s) Conveys recommendations from consulting services 	 Articulates improvements in clinical status but is unable to formulate or implement a plan to wean a patient from ECLS Identifies the potential long-term needs of a patient on ECLS (tracheostomy, transplant, rehabilitative services) but requires ongoing assistance to develop and implement a plan to meet these needs Identifies the need for primary palliative care discussions and observes these conversations
Direct Supervision Initiates straightforward management for many critical illnesses but requires active direction for further management and complex	 Identifies when conventional therapies for a patient with severe cardiac and respiratory failure have failed and ECLS is the next treatment option Demonstrates understanding of ECLS settings and considers changes to the setting based on patient physiology in the 	 Demonstrates understanding of the basics of ECLS circuit settings and their impact on patient physiology, proposing changes in management when necessary Recognizes that modifications in other treatments and support may be necessary while a patient is on ECLS and 	 Initiates a plan for ECLS weaning enacted by the attending but is unable to adjust it without active input Articulates when a patient is ready for a procedure/step such as tracheostomy, transplant, or rehabilitative services but requires assistance to execute a plan to

implements them with assistance

accomplish it

critical illnesses

immediate postcannulation period



Level	Resuscitation	Ongoing Management	Transition of Care
Framework: Demonstrates a sufficient fund of knowledge for basic critical care and some knowledge of complex critical illness Performs ICU procedures on straightforward patients but may require supervision/direction for more complex patients/procedures The attending gives active help throughout to direct the clinical course.	 Demonstrates understanding of the indications for VV vs VA ECLS Assists in pericannulation management of a patient, including anticoagulation, vascular access, cannula configuration, and potential complications Coordinates communication with a complex patient and their caregiver(s) and provides them with status updates Recognizes team and systems limitations to initiating ECLS When ECLS therapy is indicated, discusses patient-related factors that impact eligibility for ECLS with faculty and consultants 	 Identifies underlying causes of respiratory and cardiac failure in the context of overall patient care but needs assistance to address them Recognizes ECLS complications (flow disruption, circuit disruption, circuit failure, clotting, malperfusion) but requires assistance to manage them Coordinates communication with a complex patient and their caregiver(s) and provides them with status updates Develops a plan in conjunction with consulting service recommendations with some guidance 	Participates in primary palliative care discussions but does not fully incorporate the unique needs of patients on ECLS into these conversations
Indirect Supervision Manages most critical illnesses but may require guidance for more complex patients or atypical presentations Framework: Demonstrates a sufficient fund of knowledge for basic and most complex critical care Independently performs most ICU procedures and supervises procedures on straightforward patients	 Identifies a patient with evidence-based indications for ECLS and considers contraindications for ECLS Develops standard initial settings for ECLS based on patient physiology and, with assistance, makes real-time adjustments in the immediate postcannulation period Performs pericannulation management of a patient, including anticoagulation, vascular access, cannula configuration, and potential complications, requiring assistance for a complex patient or scenario Actively coordinates and participates in patient/caregiver conversations regarding 	 Considers and develops a plan for changes to ECLS settings based on patient clinical status Applies ventilator support changes related to ECLS Identifies underlying causes of respiratory and cardiac failure in the context of progressing overall patient care and develops a plan for treatment Adjusts medication dose based on altered pharmacokinetics due to the ECLS circuit with intermittent guidance 	 Initiates a plan for ECLS weaning enacted by the attending and adjusts it independently according to patient status Identifies when a patient requires a tracheostomy and, with some guidance, coordinates care that includes rehabilitative services Identifies a patient who is a candidate for transplantation but requires some guidance to initiate evaluation Recognizes when a patient is not improving and initiates a primary palliative care discussion with



Level	Resuscitation	Ongoing Management	Transition of Care
The learner can manage a critically ill patient in	treatment and prognosis, incorporating patient/caregiver goals and values	 Modifies ventilator support related to ECLS 	consideration of the unique needs of a patient on ECLS
straightforward circumstances but may require input to manage the	 Transfers a patient as necessary based on unit and hospital resource availability or limitations 	 Recognizes renal replacement needs and considers implications of ECLS support 	
most complicated ICU patients.	Mobilizes and coordinates the	 Develops a plan for various ECLS complications (flow disruption, circuit 	
patients.	interprofessional team in periprocedural care to initiate ECLS	disruption, circuit failure, clotting, malperfusion) and provides immediate intervention for ECLS malfunctions	
		 Actively participates in a patient/caregiver conversation regarding treatment and prognosis, incorporating patient/caregiver goals and values 	
		 Seeks interprofessional discussions and develops a care plan regarding ECLS treatment within the context of overall patient care 	
4 Practice Ready	 Selects a patient for ECLS according to 	 Guides changes to ECLS settings based on 	Recognizes readiness to wean a patient
Independently manages complex critical illnesses	evidence-based indications and contraindications	patient clinical status	from ECLS and develops, initiates, and adjusts the weaning plan
and leads a critical care team	 Tailors initial settings for ECLS based on patient physiology and makes real-time 	 Manages ventilator support accounting for ECLS and with consideration for a patient's changing physiology 	Coordinates care for tracheostomy if indicated and adjusts
Framework: Demonstrates an attending-	adjustments in the immediate postcannulation period	Leads and educates the team on the management of underlying source of	techniques/workflows for it; independently engages and leads the
level fund of knowledge Independently performs	 Supervises pericannulation management of a patient, including anticoagulation, 	management of underlying causes of respiratory and cardiac failure	team in working with rehabilitative services when indicated
and supervises procedures The attending is available	vascular access, cannula configuration, and potential complications	 Modifies medications based on altered pharmacokinetics due to the ECLS circuit 	 Identifies a patient who is a candidate for transplantation and initiates evaluation
at the request of the learner but is not routinely needed	 Leads patient/caregiver conversations regarding treatment and prognosis, 	 Manages complex renal replacement needs on ECLS 	Evaluation



Level	Resuscitation	Ongoing Management	Transition of Care
for common or complex critical illness.	 incorporating patient/caregiver goals and values When transfer is necessary based on unit and hospital resources, availability, or limitations, prepares the patient and mobilizes systems resources for safe transfer Independently mobilizes, coordinates, and supervises the interprofessional team in periprocedural care to initiate ECLS 	 Supervises the team in the development of a plan for ECLS complications (flow disruption, circuit failure, clotting, malperfusion) and educates the team on immediate interventions for ECLS malfunctions Leads a patient/caregiver conversation regarding treatment and prognosis, incorporating patient/caregiver goals and values Leads an interprofessional discussion and develops a care plan for ECLS treatment within the context of overall patient care in a complex situation, including when a lack of consensus exists within the care team regarding optimal management 	 Recognizes when a patient is not improving and initiates and leads a primary palliative care discussion with consideration of the unique needs of a patient on ECLS Continuously readdresses goals of care for a patient on ECLS, incorporating their physiology and prognosis, unique needs, and goals and values