

Centrimag ECMO: Quick Facts

- Centrimag *with* oxygenator in line = ECMO
- Can be used for VV, VA, or VAV ECMO
- Does NOT have hand crank, but instead has back-up console
- Does NOT have bubble detector OR remote clamp
- Centrimag ECMO Checklist should be reviewed between off going and on coming RNs and co-signed in Epic at shift change
- Centrimag ECMO Checklist should be reviewed between RN and perfusion before and after transports
- RN should continuously assess for positive color change
- RN should always be prepared to have sustainable oxygen supply for oxygenator
- RN should ensure Sweep Gas is ALWAYS on for VA ECMO



Centrimag ECMO Checklist

- Assessed/Co-Signed between oncoming/offgoing RNs
 - Assessed/Co-Signed between primary RN and perfusionist when patient transported/mobilized outside room
 - **PERFUSION: 615-418-0418**
- Trace circuit from drainage cannula through pump and back to return cannula to ensure no kinks present
 - Circuit tubing lines secured (attached with clamps to sheets under patient in bed, chair, etc.)
 - Visually inspect for clots within circuitry/pump head
 - Connections tie-banded
 - Confirm blood flow range (RPM setting and LPM range)
 - Confirm proper sweep and FdO2
 - Confirm Oxygen Source (See picture on reverse)
 - If patient is mobile/transporting outside ICU room:

green filter tubing connecting O2 tank to oxygenator, no kinks in tubing, O2 tank full (2000psi), **sweep on and positive color change** (see picture on reverse)
 - If patient is stationary in ICU inside of ICU room:

green filter tubing connecting blender to oxygenator, no kinks in tubing, green and yellow gas lines attached to wall outlets, **sweep on and positive color change** (see picture on reverse)
 - Oxygen tank available as back up and full (2000psi)
 - Verify patient's anticoagulation strategy
 - Verify the perfusion team has moved flow probe per protocol
 - Confirm both Centrimag and heater/cooler is plugged into **RED** outlet *During generator checks the heater will shut off and not automatically restart – notify perfusion to come restart*
 - Confirm backup battery console and pump head are present and plugged into **RED** outlet
 - 3 sets of guarded clamps available
 - No free-flow IV tubing connected to patient, run infusions via IV pump to minimize risk of air entrainment
 - Back-up battery console available and pump head housing situated to be quickly accessed if needed
 - Heater on and set appropriately for patient; vigilant temperature management monitoring (core temp preferred; alarm parameters set on Philips monitor or Q1H oral temps when core temp measurement not available)
 - Insertion site clean/dry/intact
 - Dressing is current/dated/occlusive
 - Peripheral cannulation dressings changed per CVC protocol
 - Central cannulation dressings changed per surgeon/team's discretion

Centrimag: Quick Facts

- Centrimag without oxygenator in line = Mechanical Circulatory Support (MCS) and does NOT have color change in the circuitry from external oxygenation (Keep in mind, color change may be seen in circuitry if cannulation configuration is routed through native pulmonary circulation)
- MCS is a temporary VAD
- Does NOT have hand crank, but instead has back-up console
- Does NOT have bubble detector OR remote clamp
- Centrimag Checklist should be reviewed between off going and on coming RNs and co-signed in Epic at shift change
- Centrimag Checklist should be reviewed between RN and perfusion before and after transports

