



ECMO Dressing Change Pearls



- 1) **alcohol-based products should NOT be used** – alcohol breaks down the polymers in the ECMO circuit and causes it to become brittle. Please be mindful of this when using central line dressing change kits as they contain alcohol-based components.
- 2) please be mindful to **pull dressing off toward the cannulation site**; pulling away from the cannulation site so that tension is placed on the cannula can cause potential cannula displacement/dislodgement. For example: for a fem cannula, please pull the dressing up towards the patient's torso. For an IJ cannula, pull the dressing down towards the patient's chest.
- 3) **central cannulation site dressing changes should be done at the discretion of the surgeon/ICU team**. These cannula(e) are often placed directly within cardiac structures so EXTREME caution should be exercised with these.
- 4) **dressing changes** should be done with the **same frequency as CVC dressings as dictated by standards of care**, (fem sites Q48h; IJ/sub-clavian, etc.. Q7 days) and PRN when visibly soiled or non-occlusive.
- 5) **chg prep sticks** should be used to clean the site; **chg tegaderms** should be placed directly over the cannula insertion sites.
- 6) please place a **gauze "flag"** next to groin sites so we can see if there is bleeding that is potentially tracking under the patient
- 7) **cap/mask, sterile gloves, and sterile technique should be used whenever the cannulation site is exposed** (not covered by the dressing) - which should mimic standard of care CVC dressing change protocols. Don't forget to DATE your DRESSING :)
- 8) Please use **4x4 mepilex under the cannula for femoral cannulations for PIP on the leg and mepilex Lite for PIP on the ear for IJ cannula** (see pictures)
- 9) **Please place a cannula immobilizer to stabilize the cannula** distal to the mepilex for femoral cannulation sites (see pictures)

Remember:

- **Dressing** changes are always performed using sterile technique: every 48 hours for femoral sites, every 7 days for IJ/subclavian, at the team's discretion for central cannulation, or prn if soiled or non-occlusive.
- Always use sterile technique and pull the **dressing** off **towards** the cannulation site.