

# Rapid-Fire Case Presentations Strategies for VV ECLS in COVID

**Jon Wolfe, MD**  
**Cardiology/Fellow in Critical Care**  
**Washington University/Barnes Jewish Hospital**



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**Jon Wolfe, MD**

I have no relevant financial relationships



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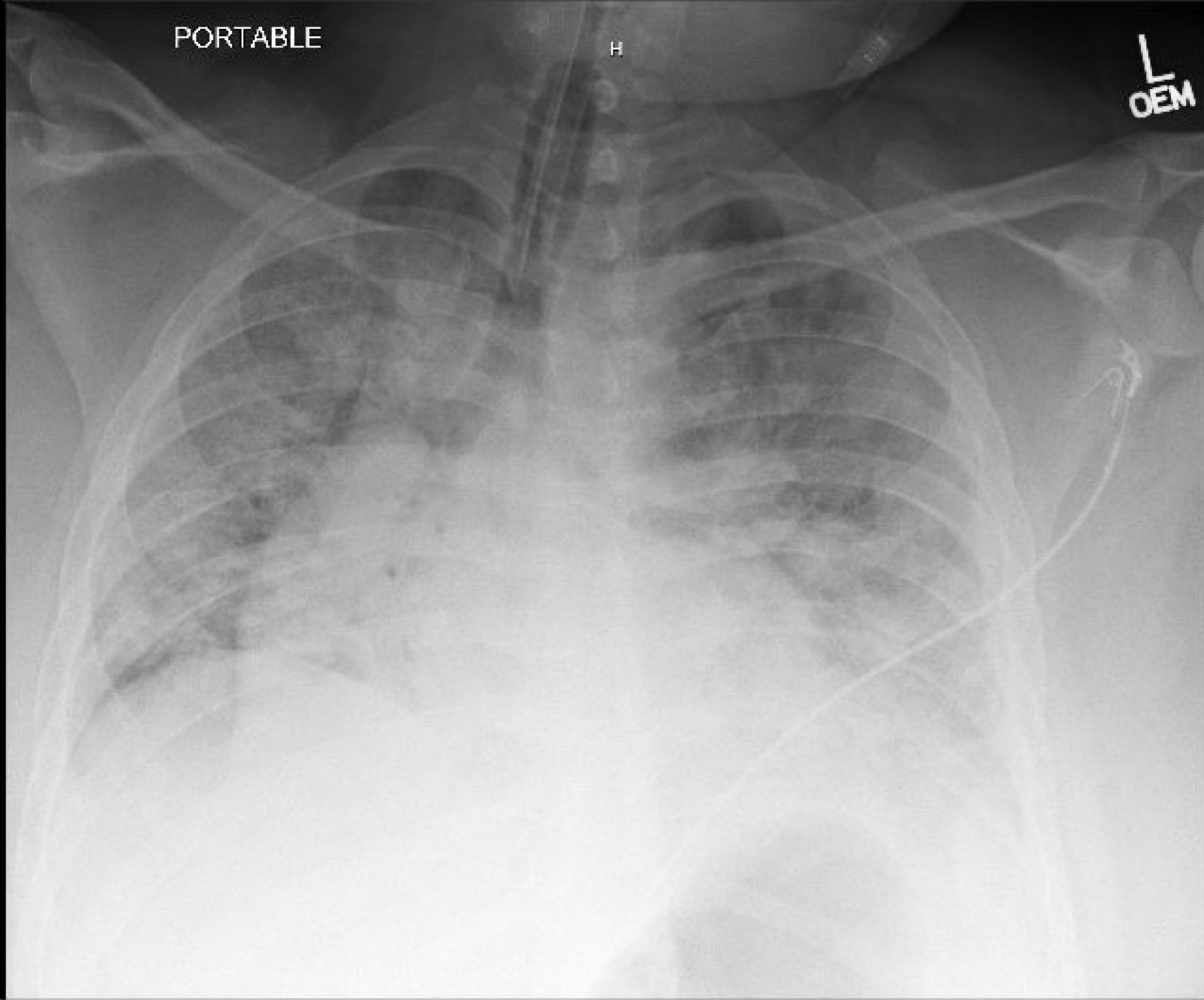
# Case 1: Presentation

- 26-year-old man with asthma, tobacco abuse, and morbid (BMI 46.8) obesity presented with COVID pneumonia
- Treatment: dexamethasone, remdesivir, baricitinib
- Intubated on hospital day 5 and subsequently transferred to BJH the same day for ECMO evaluation
- Vent settings on arrival:
  - VC/AC, FiO<sub>2</sub>: 100%, TV: 550 mL, RR: 20, PEEP: 15 cmH<sub>2</sub>O
  - Plateau pressure: 31
- ABG on arrival: pH: 7.31, pCO<sub>2</sub>: 52, pO<sub>2</sub>: 42, O<sub>2</sub> sat: 70%

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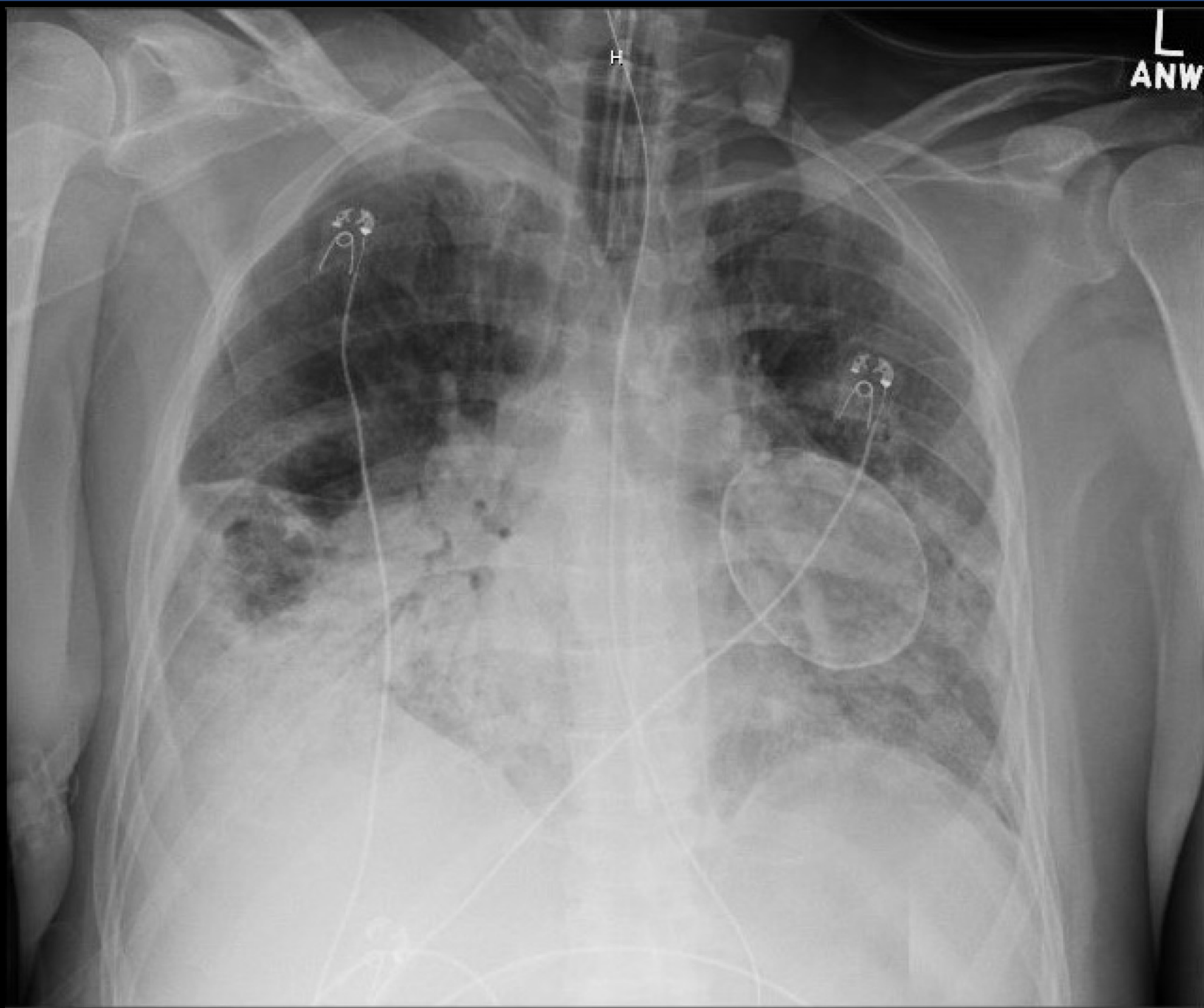


# Case 1: Discussion



# Case 2: Presentation

- 39-year-old man with a history of Hodgkin's lymphoma s/p chemotherapy and radiation (age 19) and papillary thyroid carcinoma s/p total thyroidectomy (5 months prior) presented with COVID
- Treatment: dexamethasone, remdesivir, tocilizumab
- Intubated on hospital day 19 and required paralysis, prone positioning and inhaled epoprostenol for ARDS
- Transferred to BJH on hospital day 21 for ECMO evaluation
- Vent settings on arrival:
  - PC/AC, FiO<sub>2</sub>: 85%, IPAP: 20 cmH<sub>2</sub>O, RR: 36, PEEP 13 cmH<sub>2</sub>O
  - Plateau pressure: 34
- ABG on arrival: pH: 7.24, pCO<sub>2</sub>: 74, pO<sub>2</sub>: 66, O<sub>2</sub> sat: 91%



# Case 2: Discussion

