#### Nurse to ECMO Nurse: Education & Training the ECLS Nurse

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CardioThoracic ICU & COVID ICU Barnes Jewish Hospital, STL MO





November 20–21, 2021 The Ritz-Carlton Hotel, St. Louis, Missouri We have no disclosures Elaine Thomas-Horton, MSN, RN Meghan Hudock, MSN, RN





#### 2011

- Cared for 23 ECMO Patients
- 40 ECMO I Certified RNs





• Cared for >200 ECMO Patients

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**SYMPOSIUM** 

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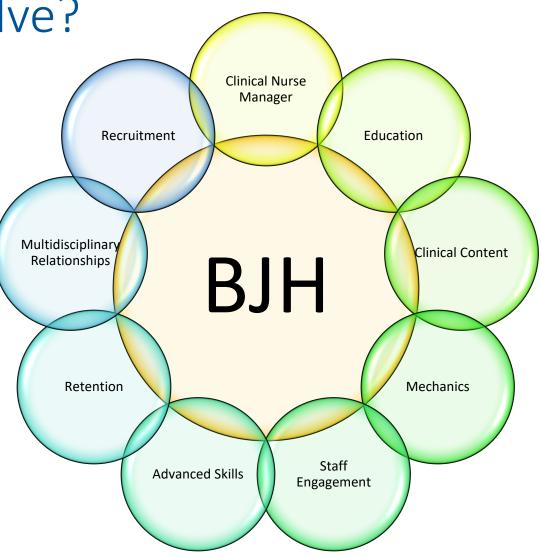
• 109 ECMO I Certified RNs



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## How Did We Successfully Evolve? Program Alignment

- Support
  - Content development
  - Executing best practices
  - Collaborative care methods
- Goals
  - Improve patient outcomes
  - Implement safe guidelines & protocols
  - Increased employee satisfaction scores
- Growth
  - Attract & retain excellent nurses



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#### **Recruitment & Retention**





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## Benefits: Working with State-of-the-Art Individuals & Equipment



- Enhanced our current program to appeal to high functioning individuals
  - Reputation & organizational structure
  - Innovative care models
  - Multidisciplinary approach
  - Respect and empowerment
  - Advanced educational opportunities



## Benefits: ICU RN $\rightarrow$ ECLS RN

- Increase in house support
- Elevate core nursing staff
- Early identification of adverse events

- Execute ECMO specific therapies
  - Anticoagulation management
  - Circuit weaning guidelines
    - VV
    - VA
  - Ventilator weaning guidelines
    - Safe & aggressive weaning



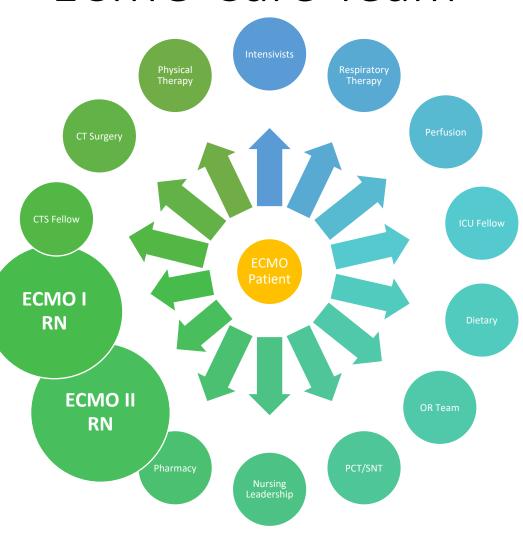
## Division of Roles





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#### ECMO Care Team





## ECLS Nurse Responsibilities

- ECMO I Nurse
  - Vital Sign Monitoring
  - Drip Management
  - Sedation Monitoring
  - Hourly I&O
  - Circuit Safety Checks
  - Device Setting Management
  - Wound Management

#### • ECMO II Nurse

- ECMO I Nurse +
  - Advanced Circuit Management

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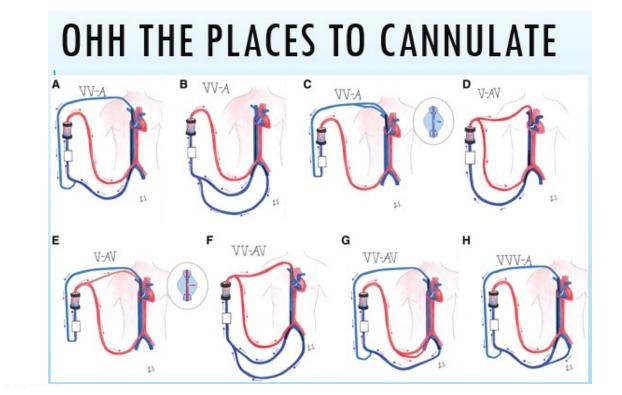
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• Advanced Safety Checks





## Intro to ECLS-ECMO I



- 1 Year of ICU Experience
- Education Focus
  - Cannulation Approaches
  - Circuit & Monitor Awareness
  - Patient Management Considerations & Overview
  - Introduction to ECMO + Medication treatments



## ECMO II RN

- ECMO I RN 1 yr+
- 24/7 Coverage

Preventing Delays in Treatment

Post Oxy-Gases

Initiating CRRT via Circuit

SKILL: O	btain blood sample from post-oxygenator stopcock for blood gas monitoring in ECMO patients in 56CTICU	Observed Procedure	Final Evaluator's Signature / Date	
	listed equipment: 2 ECMO clamps, 3 mL luer lock syringe, heparinized blood gas syringe, red aps, alcohol swab, 10 mL prefilled saline flush syringe	51 63		
1.	Put on clean gloves and mask with face shield or goggles.			
2.	Obtain two ECMO clamps from circuit and have at ready in event of stopcock disconnection.		I	
	Observe stopcock for signs of leaking, loose connection, or cracking			
3.	Identify post-oxygenator 2-way stopcock. Remove red cap. a. Swab distal end of stopcock with alcohol to disinfect and let dry per hospital policy. (*if red curos cap is applied, omit above swabbing and remove)	(10mL syringe) 3. Attach 10mL flush syr		
4.	Place 3 mL syringe on stopcock, turn 90 degrees, and withdraw (minimum) 2 mL waste. Return stopcock to "off" position towards the circuit tubing.			
5.	Swab distal end of stopcock with alcohol and let dry per hospital policy. Place heparinized blood gas syringe on stopcock, turn 90 degrees, and withdraw sample. a. Return stopcock to "off" position towards the circuit tubing.			
6.	Swab distal end of stopcock with alcohol and let dry per hospital policy. Place prefilled NS syringe on stopcock, withdraw any air noted in stopcock and flush (approximately 1-3ml) until clear. a. Return stopcock to "off" position towards the circuit tubing. sure complete de-airing of post-oxygenator stopcock as any air entrained will travel to patient***	ECMO 1. Complete full safety 2. Aspirate any notable from each post pu pre membrane pi syringe) 3. Flush line until clear		
7.	Ensure stopcock is turned to "off to circuit" position and place red cap or red curos cap	po	nect red CRRT lin st pump pigtail (f structions). nect blue CRRT I	
		blu (fo 6. Com	pre membrane illow PP instruction plete full safety of art therapy.	
			Disconnect CR	
			plete full safety o	
			d post pump pigt instructions).	
			rn blood accordi applies)	
		fro	onnect blue CRF om blue pre men gtail (follow PP structions).	
			plete full safety art therapy.	

Post-Oxygenator Blood Gas Skills Checklist

#### ECMO II RN Initial Skills Log

KILL: Flushing Post Pump & Pre Membrane Pigtail	Observed Supervised Flust Procedure				initials/date		Final Evaluator's Signature / Date
. Complete full safety check.	**	•	•	•	•	•	•
<ol> <li>Aspirate any notable fibrin/clot. (10mL syringe)</li> </ol>							
Attach 10mL flush syringe.							
. Flush until line clear. Add red caps.							
KILL: Connect CRRT to	•	•	•	•			•
. Complete full safety check.							
<ol> <li>Aspirate any notable fibrin/clot from each post pump and pre membrane pigtail (10mL syringe)</li> </ol>							
. Flush line until clear.							
<ol> <li>Connect red CRRT line to red post pump pigtail (follow PP instructions).</li> </ol>							
<ul> <li>Connect blue CRRT line to blue pre membrane pigtail (follow PP instructions).</li> </ul>							
<ol> <li>Complete full safety check. Start therapy.</li> </ol>							
KILL: Disconnect CRRT from ECMO	•	•	•	•			•
. Complete full safety check.							
<ol> <li>Disconnect red CRRT line from red post pump pigtail (follow PP instructions).</li> </ol>							
<ol> <li>Return blood according to PP (if applies)</li> </ol>							
<ul> <li>Disconnect blue CRRT line from blue pre membrane pigtail (follow PP instructions).</li> </ul>							
<ul> <li>Complete full safety check. Start therapy.</li> </ul>							
				•		•	ST. LOUIS
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N UNIVERSITY	SYMPOSI						



#### Education





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#### Enhanced

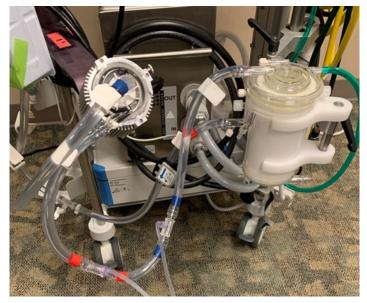
#### Evolved

#### **Collaborative Training**

Practice

#### Prepare

#### Skills & Competency







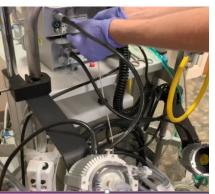


# Examination of Adverse Events = Improved Safety Methods

- Emergency Considerations
- Safety Check Focus
  - Patient
  - Cart
  - Extra Equipment
- Cannula Assessment
  - Bleeding/Oozing
  - Sutures
  - Zip Ties
  - Hollister Patch
  - Abdominal Binder Use
  - Cannula Positioning















## Experts: Protocols, Guidelines & Support

## If patient is on IV anticoagulation therapy consult with the ICU team PRIOR to ambulation to discuss correct strategy Provider ECMO RN PT/OT Hip Flexion Test Done in conjuction with Provider Document VS, flow rates, & position of cannulas

~Place bed in "chair" posistion for 15-20 min ~Monitor flows & complete perfusion assessment ~Flex hips to 90 degrees & complete a perfusion assessment

Passes Hip Flexion Test ~Provider writes order in EMR ~Notify PT/OT to complete "Mobility Assessment"

~Flow Goal

~RASS Goal

Cannula Assessment

~Site free of oozing/bleeding

~Pursestring/Anchor stitches

Conisder Holister patch (peripheral)

~Abdominal binder (central)

~Mark dressing @ insertion & @ last stitch

~Verify safe poition of cannula(s)

~Complete "Tug Test"-femoral cannula(s) only

**Hip Flexion Test** 

Done in conjuction with ECMO RN

~Place bed in "chair" posistion for 15-20 min ~Monitor flows & complete perfusion assessment ~Flex hips to 90 degrees & complete a perfusion assessment

Passes "Hip Flexion Test": continue

to "ECMO RN" column Issues: stop assessment & reassess later  ~Assess cognition & ability to follow commands
 ~Supine exercises: active ROB & resisted exercises
 ~Sitting edge of bed: assess UE/LE/core strength & balance
 ~Standing at edge of bed: assess functional strength & standing balance
 ~Transfer bed to chair: stand & pivot to chair if able
 ~If unable to stand & pivot to chair--sling
 ~Pre-gait activities: marching in place, weight

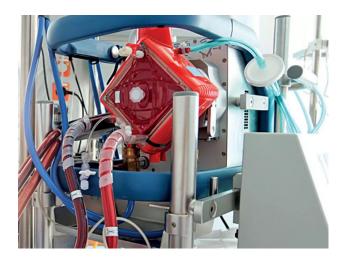
> Passes Mobility Assessment ~Gather the team members & prepare for chair transfer or ambulation

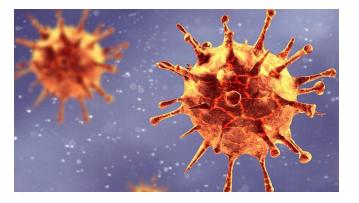
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- Ambulating ECLS Patient
- Ordersets
- Policy & Procedure
- Proning ECMO Patients
- Circuit Assessments
- Accessing Circuit
- Cannulation: Tips for the ECMO RN
- Decannulation: Tips for the ECMO RN
- Troubleshooting



## Unprecedented Challenges





- COVID Pandemic
- Consolidation of ECMO Patients
- Unstable Workforce
  - Contingent Care Model
  - Limited Years of Experience
  - Expedited Clinician Training
  - Influx of Contract Employees
- Team Morale







Kim G

Amy E

Days



Brett B

Nocs

Melonie F

Days

Adam B

Nocs

Joe F

Nocs

ST. LOUIS Shock Symposium

#### Questions?





