**Weaning ECLS:**

PURPOSE:

To gradually reduce ECLS support to the patient over a period of time until the patient is on “idle” flow.

The decision to reduce ECLS flow should be made by the ECLS physician after reviewing the:

* Patient’s most recent CXR
* Patient’s overall clinical course
* Patient’s current ventilator settings including oxygen requirement
* Patient’s cardiac function as verified by cardiac ECHO
* Patient’s blood gases

The patient should not remain on “idle” flow for more than **two hours** before a trial off ECLS is conducted.

Idle is defined as:

20 ml/kg/min or 100 ml/min (whichever is greater)

STEPS:

* Determine new ventilator settings and FiO2.
* Decrease RPMs and reduce pump flow by determined ml/hr.
* The sweep gas will need to be decreased as pump flow drops.
* Increase ACT parameters as flow decreases to minimum of 200-240 or higher if clotting is present in the circuit. If clotting is present, use higher flows and a shunt through the bridge if present, or place bridge.
* Monitor patient’s blood gases and lactate.
* Monitor SVO2.
* Monitor blood pressure.
* **Minimum flow through the oxygenator should be maintained**
* Create a shunt through the bridge to wean flow to the patient while allowing adequate flow through the oxygenator.
* Place Transonics flow probe above bridge and adjust pump flow until the flow meter is reading the desired patient blood flow rate.
* Chart the new pump flow rate, RPMs, and transonics flow rate on EPIC ECLS flow sheet.