**Decannulation Checklist**

**Before Decannulation:**

0 The ECLS MD will order decannulation medications, which will be drawn up and available at the bedside.

1. Obtain back up unit of PRBC’s from O.R. and place on ice in cooler at ECLS bedside.
2. Begin Physician Sedation Record.

0 Increase ventilator settings prior to administration of decannulation medications.

0 Administer Rocuronium 0.5 mg/kg IV for required neuromuscular blockade.

0 Administer Fentanyl 10 mcq/kg IV (usual dose) for required anesthesia.

0 Position patient’s head to the left.

0 Switch all IV solutions over to the patient including heparin.

**During Decannulation:**

1. Patient should be prepped and draped while still on ECLS support.

0 When ready to come off ECLS, surgeon will clamp cannulas on surgical field and ECMO provider will clamp on non-sterile side.

0 Surgeon should cut cannula tubing on surgical field. This tubing can then be pulled through by ECMO provider and removed from field along with metal stand.

1. Move the ECLS circuit away from the field.
2. The ECLS MD will monitor the patient throughout the procedure and keep a Sedation Monitoring Record.
3. All meds are administered directly to the patient including heparin.
4. Heparin can be stopped after both cannulas have been removed from the patient.

**After Decannulation:**

1. After decannulation, obtain ABG and CXR.
2. Wean patient rapidly after muscle paralysis wears off, usually within 2-3 hours.
3. Return backup unit blood to blood bank.
4. Notify blood bank that the patient is off ECLS and that blood products no longer need to be held for this patient.