

VA CANNULATION CHECKLIST - NURSING

POSITIONING

- Remove everything from room not necessary for cannulation
- Bed out from wall
- Patient toward head of bed and patient right
- Vent on patient's right side
- Supine

MONITORING

- Telemetry
- RIGHT* radial a-line in place & functional
- BP monitoring cycled every 2mins if no a-line
- Capnography and pulse-oximetry with QRS audio
- Defibrillator pads on patient

ACCESS

- Two large bore IVs or central line access and single large IV
- All lines on a pump to prevent air entrainment
- Long IV tubing and available port for meds
- Foley with temp probe
- NGT vs OGT (need to place before anticoagulation)

EQUIPMENT

- Defibrillator in room
- Ultrasound in room
- Bare hugger or heater/cooler in room
- ECMO Console present
- Backup console present/available

MEDICATIONS

- Norepinephrine drip
- Epinephrine
- Calcium chloride
- Blood products available with recent T&S
- Heparin 5000 units (or other anticoagulant) – after MD/DO confirm BOTH wires in place
- Bicarb
- Plasmalyte or NS free flow
- Sedation meds and paralytic

PRE-PROCEDURE TIMEOUT

- Confirm consent on chart
- Review procedure & indication
- Review allergies
- Confirm correct sites
- Review anticoagulation plan
- Review roles/participants

POST-CANNULATION

- Call for CXR
- ABG, labs
- Confirm flow/ECMO orders placed
- Document cannula positions
- Begin post-procedure monitoring