

# Challenges of a Transport ECMO/ VAD Program

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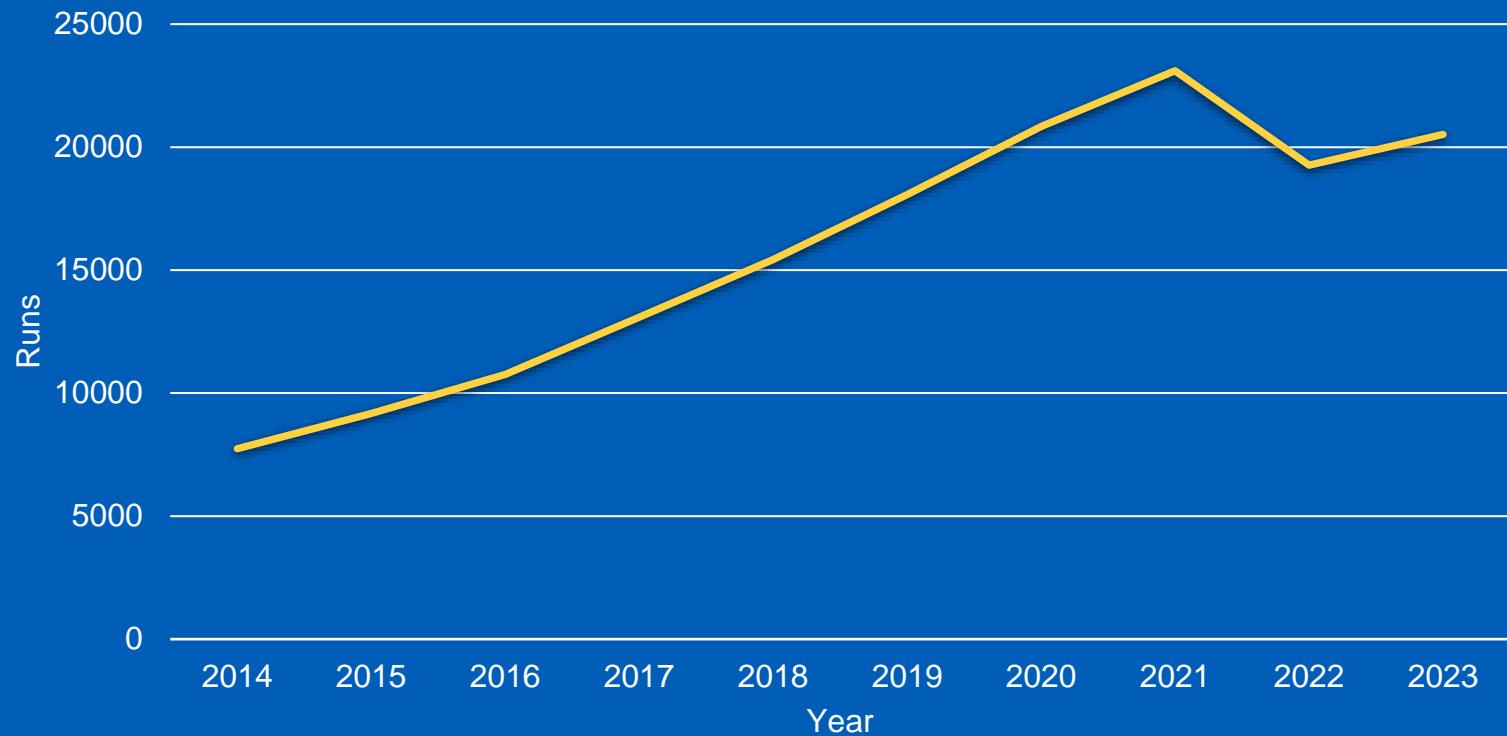
Chief Perfusionist

Children's Mercy Kansas City

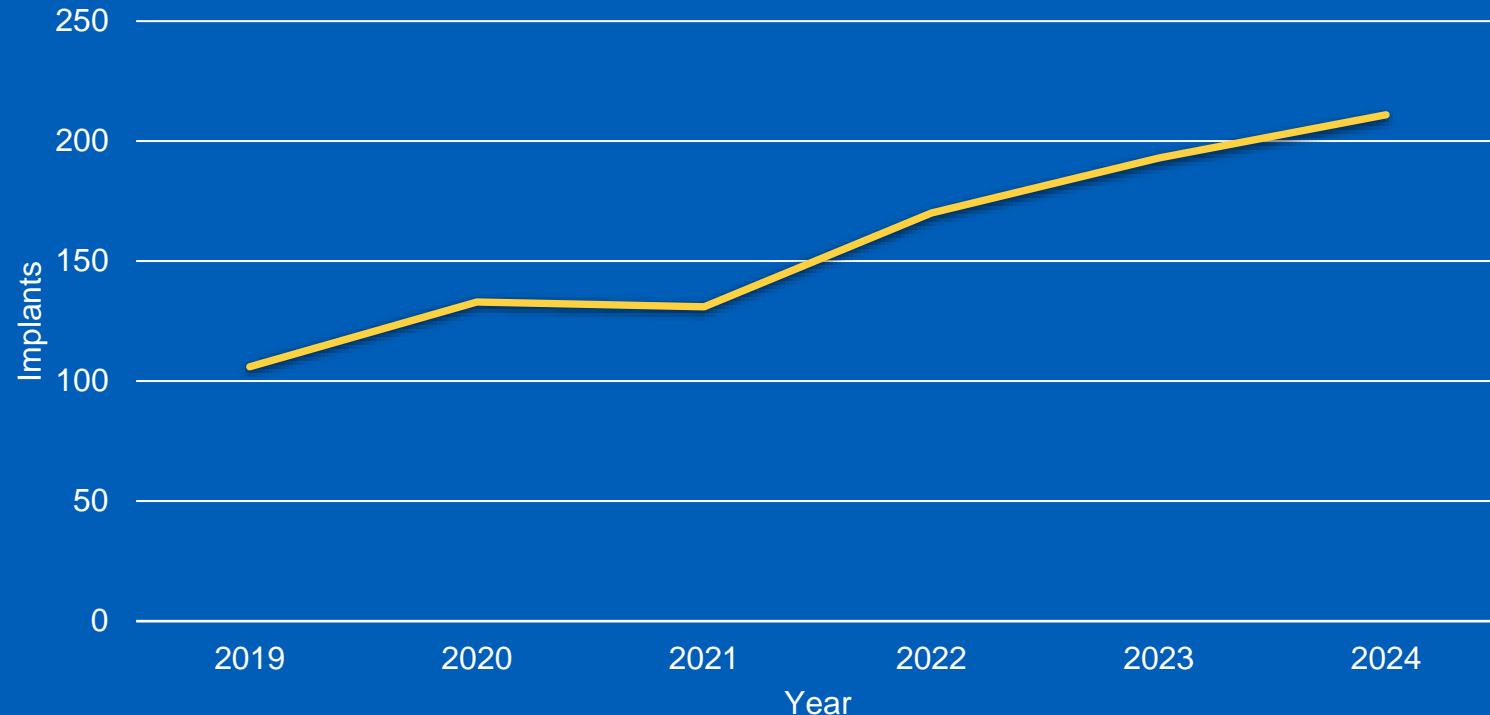


# No financial disclosures.

# ECMO runs 2014-2023 (total)



# Berlin VAD full system implants 2019-2024



# Increase in pediatric ECMO/VAD transfers

- Increase in indications for ECMO/VADs
  - ECPR
- Inadequate resources to support transports
  - Staffing
  - Equipment
- Increased awareness
- Improvements in technology and patient management
  - Anticoagulation



# Children's Mercy Kansas City Critical Care Transport

- Only 24/7 transport program in the region dedicated almost exclusively to pediatrics and neonates
- Over 5,800 neonatal, pediatric and maternal fetal transports a year
- 14 ambulances (0-120 miles)
- S-76 Sikorsky C++ helicopter (0-300 miles)
- Beechcraft King Air 200 Turbo Prop (120-600 miles)
- Lear 31 Jet (> 400 miles)



# Setting up/maintaining a transport ECMO/VAD program

## Questions to answer

1. Type of transports
2. Team composition
3. Staffing
4. Equipment
5. Training/competency
6. Anticipated program growth



# ECMO equipment

- ECMO/VAD transport sled
- Mobile ECMO system
- Gas blender
  - CO<sub>2</sub>
- Heater cooler/ chemical blanket
- Point of care instruments
- Backup equipment/disposables



# VAD equipment

- Abbott CentriMag Acute Circulatory Support System LVAD/RVAD
  - No hand crank, backup console required
  - Monitor not needed
- Berlin EXCOR Pediatric LVAD/RVAD
  - Backup driver (Ikus 220 lbs, Active Driver 33lbs)
    - Second ambulance, aircraft with lift
  - Power requirements
  - Ikus driver compressor based, Active Driver piston based
  - Backup disposables, extra batteries (Active Driver)



# Ongoing challenges

- Expenses (equipment/personnel)
- Staffing/compensation
- Reimbursement
- Pilot flight hours
- Weather
- Surprises/wide variation of transports



# #1 VA ECMO transport via ground

- 55 kg 12 yr old female with hx of William's Syndrome, LCA stenosis, anomalous RCA from LCA, PA stenosis presented to our ER following episodes of syncope and chest pain
- Found to have a-fib with ST depression, admitted to CICU
- Later that evening, became unresponsive, developed bradycardia, intubated, cardiac arrest, CPR, placed on VA ECMO
- Transferred on ECMO to neighboring adult hospital for emergent CAB x 2
- Was placed back on ECMO secondary to inability to wean from CPB
- Transferred back to Children's Mercy on ECMO the following day
- Concerns: Anemia requiring transfusion, additional antibodies discovered delaying blood availability/departure



# #2 CentriMag LVAD lateral transport via ground/air

- 19 kg 6 yr old female with DORV, S/P Fontan Procedure
- Presented to referring hospital with increased Fontan pressures, EDP, PLE, refractory arrhythmias and decreased LVEF
- Placed on VA ECMO, transitioned to CentriMag LVAD (Berlin cannulas) consulted for lateral transfer to another institution to be evaluated for heart transplant
- Extubated, awake on 20 L HFNC 100% O<sub>2</sub> with iNO<sub>2</sub> and BiPAP
- Transport: **ground** Children's Mercy-KC airport, **air** KC airport-airport A, **ground** airport A-hospital A, pickup patient, **ground** hosp A-airport A, **air** airport A-airport B, **ground** airport B-hosp B, drop off patient, **ground** hosp B to airport B, **air** airport B-Kansas City airport
- Concerns: acute respiratory decompensation enroute, temperature/fluid management with VAD, length/complexity of transport



# #3 VV ECMO transport via ground/ air

- 7 kg 7 month old male with hypoplastic aortic arch, mitral stenosis, aortic stenosis, S/P balloon atrial septostomy, S/P hybrid procedure, S/P comprehensive stage II, with hx of rhino/enterovirus and parainfluenza placed on VV ECMO for persistent hypoxemia
- Several failed attempts to wean from ECMO
- Children's Mercy consulted for transport to active heart transplant center for evaluation
- Unable to take rotor or fixed wing aircraft to referring hospital's city because of weather. After significant delay, obtained clearance to take fixed wing aircraft to airport approx. 1 hr from referring city.
- Transport: **ground** Children's Mercy-KC airport, **air** KC airport-secondary airport, **ground** secondary airport-referring hospital, picked up patient, **ground** referring hospital-secondary airport, **air** secondary airport-KC airport, **ground** KC airport-Children's Mercy with patient
- Concerns: temperature management with size, VV ECMO, power sources with additional equipment (ECMO heater cooler)



# Questions?



