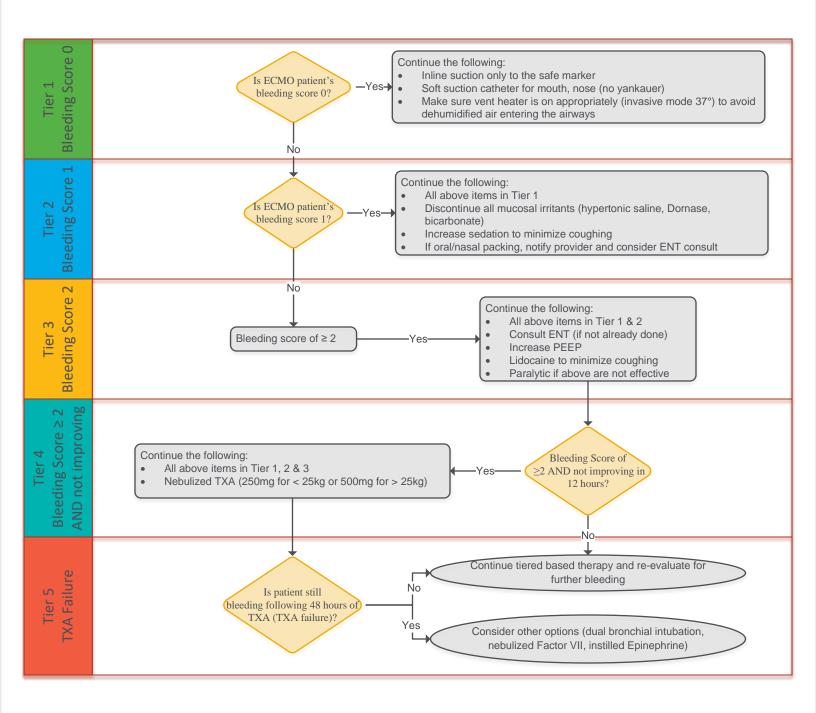
## AIRWAY BLEEDING ON ECMO







Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

## AIRWAY BLEEDING ON ECMO



Bleeding Score for ECMO Patients Document at least every 4 hours or if acute change *Adapted from PEDECOR*	
Bleeding Score 0 No or Minimal Bleeding	- Oozing from lines/tubes or mucosa only requiring gauze or pressure
Bleeding Score 1 Mild Bleeding	<ul> <li>Oozing from lines/tubes or mucosa that requires minor intervention (consult, suture, topical agents, packing)</li> <li>Oozing from oral and/or nasal mucosa that requires surgical consultation and minor interventions (packing, suturing, topical antifibrinolytics, etc.)</li> </ul>
Bleeding Score 2 Moderate Bleeding	<ul> <li>Internal bleeding not requiring surgical interventions</li> <li>Documented blood loss &gt; 1 mg/kg/hr but &lt; 4ml/kg/hr (see score 3)</li> <li>Clinical bleeding requiring high risk bleeding algorithm and/or transfusion of blood products</li> <li>Use of IV antifibrinolytics for bleeding</li> </ul>
Bleeding Score 3 Severe Bleeding	<ul> <li>Internal bleeding requiring surgical interventions</li> <li>Documented blood loss &gt; 4ml/kg/hr (averaged over 4 hours)</li> <li>Heparin drip held (unless preparation for planned surgical procedure or excessive heparin level/ACT)</li> <li>Bleeding with hemodynamic changes</li> <li>New CNS bleed not requiring discontinuation of ECMO</li> </ul>
Bleeding Score 4 Catastrophic Bleeding	- Bleed resulting in death or requiring discontinuation of ECMO



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