

Permission to print:	Yes
Incident type	Near Miss
Type of incident:	Management
Catagory	ECMO
Description:	Emergency crash onto ECMO in the cardiology ward due to VF arrest. Patient was receiving CPR and ambu bag ventilation. Equipment [was] missing from the emergency ECMO set up. PLS ECMO trolley didn't have any tubing clamps and was loaded with 2 oxygen gas cylinders instead of the standard oxygen + air cylinders. The system uses a Sechrist blender for gas delivery. ECMO suitcase and Emergency crash trolley (located in ICU) were not stocked with a drape pack.
Preventive actions	Weekly checks of ECMO equipment and disposables to ensure that correct stock is available.
GOOD CATCH - what went	2nd perfusionist was able to source all missing equipment / drapes before initiation of ECMO.
Protocol issue	No
Rule issue	Yes
Skill issue	Yes
Team Issue	Yes
Violation	No
Manufacturer advised:	No
Discussed with team:	Yes
Hospital incident filed:	No
Ext Authority Advised	No
Procedure acuity:	Emergent
Commentary	