

2020 ECMO

Permission to print:	Yes
Incident type	Good Catch No Harm Incident
Type of incident:	Management
Category	ECMO
Description:	<p>Maquet 2051 RotoFlow a-v ECMO patient in ICU and stable, process of weaning was well tolerated, patient was maintaining all parameters. Surgeon wanted patient moved to theatre for de- cannulating. I was sole perfusionist on duty, I made system ready for transport. Before intensivist gave the order to start moving the bed and ECMO machine which was situated at the foot of the bed one of the orderlies released the brake on the motorised icu bed which was in gear to move forward. The bed moved forward fairly quickly and into the ECMO machine which was still wheel locked. The frame of the bed made contact with the temp probe of the oxygenator and snapped it off causing blood on the arterial side of oxygenator to squirt out. I did not know at that stage what damage was done, I had gloves on and immediately put my thumb over the area to block the flow. Earlier discussions had deemed the patient was in a position to maintain without ECMO which at that stage was flowing at 1.2lt per min. I voiced my concerns for the integrity of the ECMO circuit and decided to clamp the av line and stop the pump. Patient pressures were unchanged but quiet a bit of blood had ended up on the floor. I then ran to get a back up ECMO which was set up dry in perfusion. On my return patient had arrested, I primed and we had the patient back on ECMO. Patient did well and went home about two weeks later.</p>
GOOD CATCH - what we	Patient parameters favoured the situation. I had a backup ECMO setup. Surgeon was present to switch to new system.
Preventive actions	Guidelines adjusted to include all ICU beds to have motors disengaged while stationary, orderlies training updated
What could we do better	Orderlies could have been better trained
Manufacturer advised:	No
Discussed with team:	Yes
Ext Authority Advised	No
Hospital incident filed:	Yes
Knowledge issue	No
Rule issue	Yes
Skill issue	No