

# ECLS Severity Score Addendum Form

Extracorporeal Life Support Organization (ELSO)

Unique ID: \_\_\_\_\_

Run Number: \_\_\_\_\_

- These are the values in the 24-hour time period after ICU admission AND prior to ECLS. The values are chosen as either the highest, lowest, worst or first to occur within that 24-hour period.
- Units are automatically selected based on your settings preference.
- Please see ELSO Registry Data Definitions for more specific details.

## Severity Scores (table is in tab order of online form left to right)

Heart Rate (Highest)		Resp. Rate (Highest)		Systolic BP (Lowest)		
Diastolic BP (Lowest)		Mean BP (Lowest)		Was there a Temp <33 or >40C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
GCS (Lowest)		Hemoglobin (Lowest)		Hematocrit (Lowest)		
WBC (1 <sup>st</sup> value occur)		Platelets (Lowest)		pH (Lowest)		
PaCO2 (Highest)		PaO2 (Lowest)		FiO2 (Lowest)		
Sodium (1 <sup>st</sup> value occur)		Potassium (Highest)		HCO3 (Lowest)		
Total Calcium (1 <sup>st</sup> value occur)		Ionized Calcium (1 <sup>st</sup> value occur)		Lactate (Highest)		
Creatinine (Highest)		Bilirubin (Highest) mg/dL		AST (Highest)		
INR (Highest)		Fibrinogen (1 <sup>st</sup> value occur)		Total Urine Output mL/24hrs		
Pupil Response (Worst)	<input type="checkbox"/> Reactive <input type="checkbox"/> Fixed and Dilated <input type="checkbox"/> Unequal or Dilated <input type="checkbox"/> Other	Admission Type (from where did the pt arrive)	<input type="checkbox"/> Floor <input type="checkbox"/> OR <input type="checkbox"/> Other Hospital <input type="checkbox"/> Other	Chronic Conditions (Check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> AIDS <input type="checkbox"/> Hepatic Failure <input type="checkbox"/> Lymphoma <input type="checkbox"/> Metastatic Cancer <input type="checkbox"/> Leukemia <input type="checkbox"/> *Immuno-suppression <input type="checkbox"/> Cirrhosis	
Dopamine (Highest)	<input type="checkbox"/> none <input type="checkbox"/> <5 mcg/kg/min <input type="checkbox"/> 5-15 mcg/kg/min <input type="checkbox"/> >15 mcg/kg/min	Mechanical Ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dobutamine	<input type="checkbox"/> Yes <input type="checkbox"/> No	*immunosuppression not including steroid burst or dose				
Norepinephrine or Epinephrine (Highest)	<input type="checkbox"/> none <input type="checkbox"/> <0.1 mcg/kg/min <input type="checkbox"/> >0.1 mcg/kg/min					