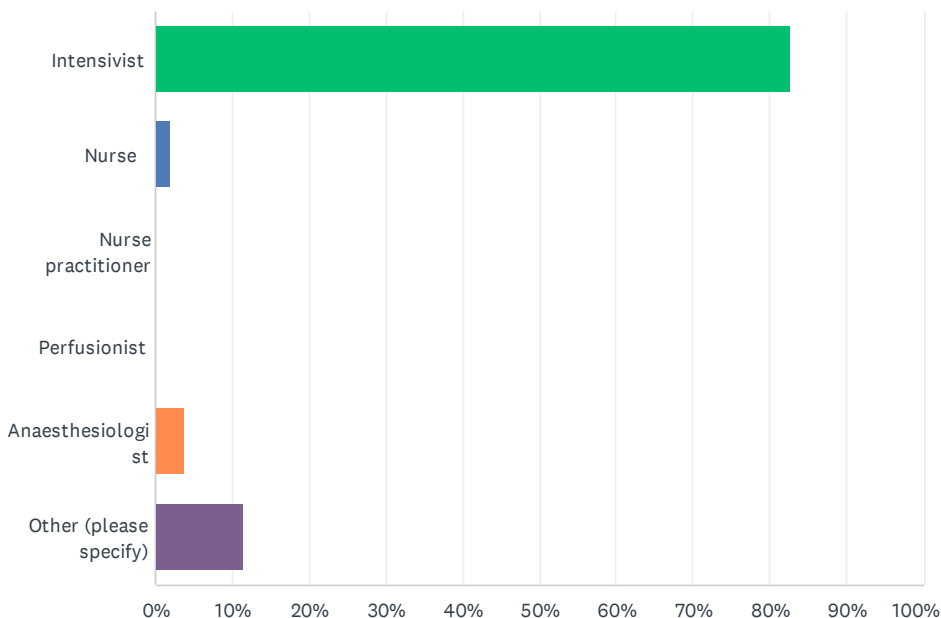


Q1 What is your role?

Answered: 52 Skipped: 0

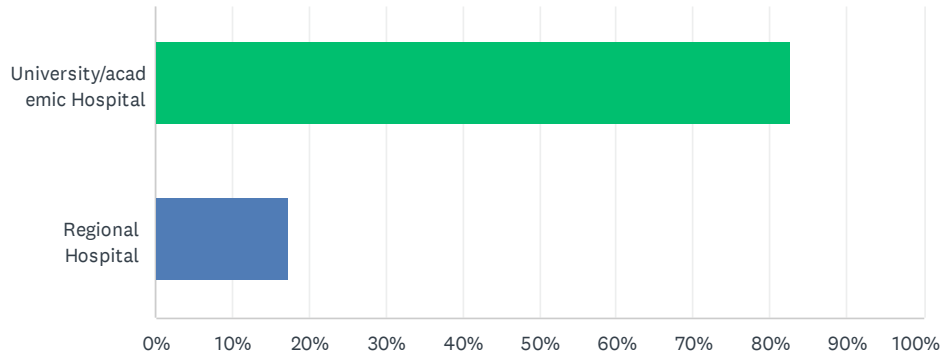


ANSWER CHOICES	RESPONSES
Intensivist	82.69% 43
Nurse	1.92% 1
Nurse practitioner	0.00% 0
Perfusionist	0.00% 0
Anaesthesiologist	3.85% 2
Other (please specify)	11.54% 6
TOTAL	52

#	OTHER (PLEASE SPECIFY)	DATE
1	Cardiac Surgeon	10/11/2022 10:39 PM
2	Advanced heart failure cardiologist	10/7/2022 4:04 PM
3	Medical Director	9/23/2022 10:15 PM
4	Advanced Heart Failure Cardiologist	9/14/2022 5:37 PM
5	Program Director (Surgeon)	9/14/2022 3:41 PM
6	surgeon	9/14/2022 3:18 PM

Q2 What is your practice setting?

Answered: 52 Skipped: 0



ANSWER CHOICES	RESPONSES	
University/academic Hospital	82.69%	43
Regional Hospital	17.31%	9
TOTAL		52

Q3 In which country do you currently practice?

Answered: 52 Skipped: 0

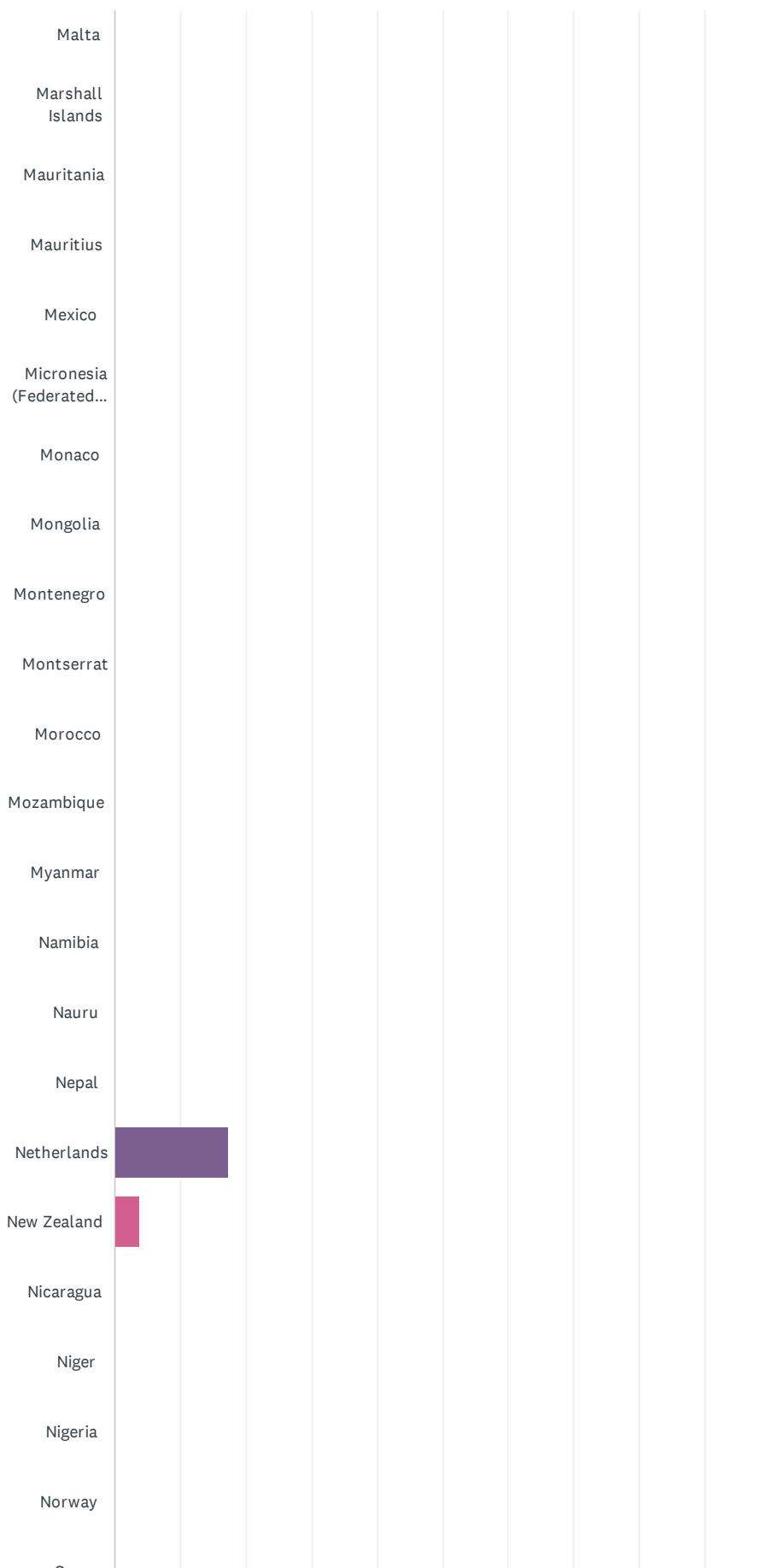


Bhutan									
Bolivia (Plurinatio...									
Bosnia and Herzegovina									
Botswana									
Brazil									
British Virgin Island									
Brunei Darussalam									
Bulgaria									
Burkina Faso									
Burundi									
Cabo Verde									
Cambodia									
Cameroon									
Canada									
Cayman Islands									
Central African...									
Chad									
Chile									
China									
Colombia									
Comoros									
Congo									



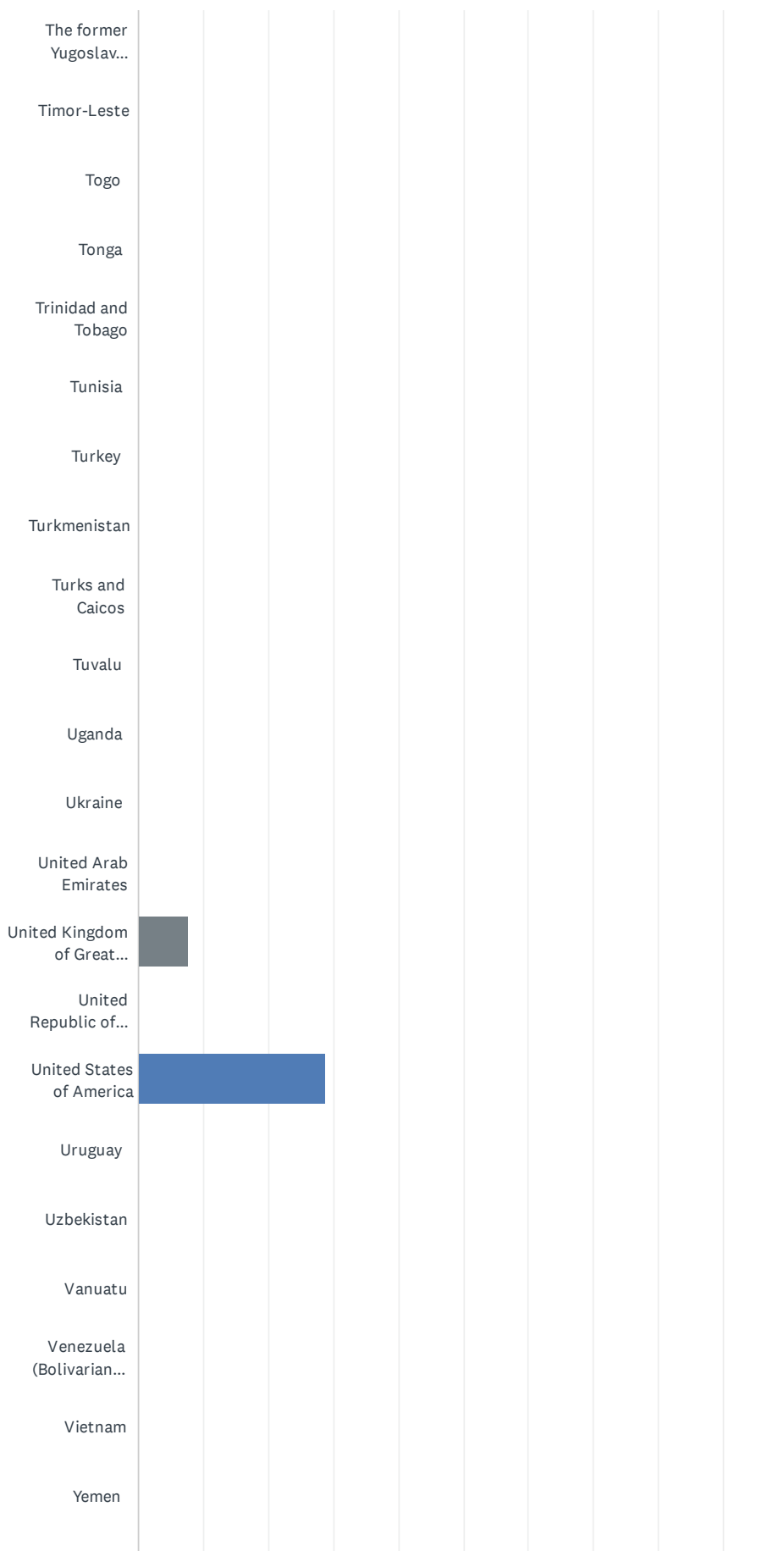


Jamaica									
Japan									
Jordan									
Kazakhstan									
Kenya									
Kiribati									
Kuwait									
Kyrgyzstan									
Lao People's Democratic...									
Latvia									
Lebanon									
Lesotho									
Liberia									
Libya									
Liechtenstein									
Lithuania									
Luxembourg									
Madagascar									
Malawi									
Malaysia									
Maldives									
Mali									



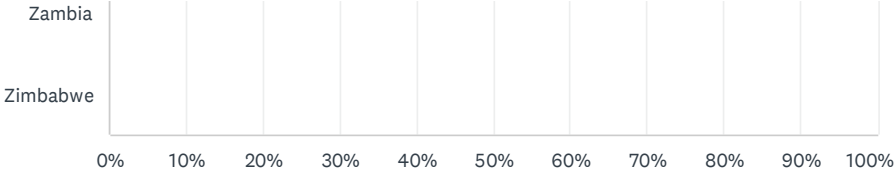






Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey



Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

ANSWER CHOICES	RESPONSES	
Afghanistan	0.00%	0
Albania	0.00%	0
Algeria	0.00%	0
Andorra	0.00%	0
Angola	0.00%	0
Anguilla	0.00%	0
Antigua and Barbuda	0.00%	0
Argentina	0.00%	0
Armenia	0.00%	0
Australia	7.69%	4
Austria	1.92%	1
Azerbaijan	0.00%	0
Bahamas	0.00%	0
Bahrain	0.00%	0
Bangladesh	0.00%	0
Barbados	0.00%	0
Belarus	0.00%	0
Belgium	7.69%	4
Belize	0.00%	0
Benin	0.00%	0
Bhutan	0.00%	0
Bolivia (Plurinational State of)	0.00%	0
Bosnia and Herzegovina	0.00%	0
Botswana	0.00%	0
Brazil	0.00%	0
British Virgin Island	0.00%	0
Brunei Darussalam	0.00%	0
Bulgaria	0.00%	0
Burkina Faso	0.00%	0
Burundi	0.00%	0
Cabo Verde	0.00%	0
Cambodia	0.00%	0
Cameroon	0.00%	0
Canada	0.00%	0
Cayman Islands	0.00%	0

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

Central African Republic	0.00%	0
Chad	0.00%	0
Chile	0.00%	0
China	0.00%	0
Colombia	0.00%	0
Comoros	0.00%	0
Congo	0.00%	0
Costa Rica	0.00%	0
Côte D'Ivoire	0.00%	0
Croatia	0.00%	0
Cuba	0.00%	0
Cyprus	0.00%	0
Czech Republic	1.92%	1
Democratic People's Republic of Korea	0.00%	0
Democratic Republic of the Congo	0.00%	0
Denmark	0.00%	0
Djibouti	0.00%	0
Dominica	0.00%	0
Dominican Republic	0.00%	0
Ecuador	0.00%	0
Egypt	0.00%	0
El Salvador	0.00%	0
Equatorial Guinea	0.00%	0
Eritrea	0.00%	0
Estonia	0.00%	0
Ethiopia	0.00%	0
Fiji	0.00%	0
Finland	0.00%	0
France	1.92%	1
Gabon	0.00%	0
Gambia	0.00%	0
Georgia	0.00%	0
Germany	1.92%	1
Ghana	0.00%	0
Greece	0.00%	0
Grenada	0.00%	0

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

Guatemala	0.00%	0
Guinea	0.00%	0
Guinea Bissau	0.00%	0
Guyana	0.00%	0
Haiti	0.00%	0
Holy See	0.00%	0
Honduras	0.00%	0
Hungary	0.00%	0
Iceland	0.00%	0
India	0.00%	0
Indonesia	0.00%	0
Iran (Islamic Republic of)	0.00%	0
Iraq	0.00%	0
Ireland	0.00%	0
Israel	1.92%	1
Italy	1.92%	1
Jamaica	0.00%	0
Japan	0.00%	0
Jordan	0.00%	0
Kazakhstan	0.00%	0
Kenya	0.00%	0
Kiribati	0.00%	0
Kuwait	0.00%	0
Kyrgyzstan	0.00%	0
Lao People's Democratic Republic	0.00%	0
Latvia	0.00%	0
Lebanon	0.00%	0
Lesotho	0.00%	0
Liberia	0.00%	0
Libya	0.00%	0
Liechtenstein	0.00%	0
Lithuania	0.00%	0
Luxembourg	0.00%	0
Madagascar	0.00%	0
Malawi	0.00%	0
Malaysia	0.00%	0

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

Maldives	0.00%	0
Mali	0.00%	0
Malta	0.00%	0
Marshall Islands	0.00%	0
Mauritania	0.00%	0
Mauritius	0.00%	0
Mexico	0.00%	0
Micronesia (Federated States of)	0.00%	0
Monaco	0.00%	0
Mongolia	0.00%	0
Montenegro	0.00%	0
Montserrat	0.00%	0
Morocco	0.00%	0
Mozambique	0.00%	0
Myanmar	0.00%	0
Namibia	0.00%	0
Nauru	0.00%	0
Nepal	0.00%	0
Netherlands	17.31%	9
New Zealand	3.85%	2
Nicaragua	0.00%	0
Niger	0.00%	0
Nigeria	0.00%	0
Norway	0.00%	0
Oman	0.00%	0
Pakistan	0.00%	0
Palau	0.00%	0
Panama	0.00%	0
Papua New Guinea	0.00%	0
Paraguay	0.00%	0
Peru	0.00%	0
Philippines	0.00%	0
Poland	0.00%	0
Portugal	1.92%	1
Qatar	0.00%	0

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

Republic of Korea	0.00%	0
Republic of Moldova	0.00%	0
Romania	0.00%	0
Russian Federation	0.00%	0
Rwanda	0.00%	0
Saint Kitts and Nevis	0.00%	0
Saint Lucia	0.00%	0
Saint Vincent and the Grenadines	0.00%	0
Samoa	0.00%	0
San Marino	0.00%	0
Sao Tome and Principe	0.00%	0
Saudi Arabia	0.00%	0
Senegal	0.00%	0
Serbia	1.92%	1
Seychelles	0.00%	0
Sierra Leone	0.00%	0
Singapore	0.00%	0
Slovakia	0.00%	0
Slovenia	1.92%	1
Solomon Islands	0.00%	0
Somalia	0.00%	0
South Africa	0.00%	0
South Sudan	0.00%	0
Spain	3.85%	2
Sri Lanka	0.00%	0
State of Palestine	0.00%	0
Sudan	0.00%	0
Suriname	0.00%	0
Swaziland	0.00%	0
Sweden	1.92%	1
Switzerland	3.85%	2
Syrian Arab Republic	0.00%	0
Tajikistan	0.00%	0
Thailand	0.00%	0
The former Yugoslav Republic of Macedonia	0.00%	0
Timor-Leste	0.00%	0

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

Togo	0.00%	0
Tonga	0.00%	0
Trinidad and Tobago	0.00%	0
Tunisia	0.00%	0
Turkey	0.00%	0
Turkmenistan	0.00%	0
Turks and Caicos	0.00%	0
Tuvalu	0.00%	0
Uganda	0.00%	0
Ukraine	0.00%	0
United Arab Emirates	0.00%	0
United Kingdom of Great Britain and Northern Ireland	7.69%	4
United Republic of Tanzania	0.00%	0
United States of America	28.85%	15
Uruguay	0.00%	0
Uzbekistan	0.00%	0
Vanuatu	0.00%	0
Venezuela (Bolivarian Republic of)	0.00%	0
Vietnam	0.00%	0
Yemen	0.00%	0
Zambia	0.00%	0
Zimbabwe	0.00%	0
TOTAL		52

Q4 In which center do you currently practice? (optional)

Answered: 41 Skipped: 11

#	RESPONSES	DATE
1	University Medical Centre Maribor	10/20/2022 10:55 AM
2	Hadassah University Medical Center	10/13/2022 4:39 PM
3	Hospital Universitario Rio Hortega	10/13/2022 11:29 AM
4	UMC Utrecht	10/12/2022 8:28 PM
5	The Prince Charles hospital	10/10/2022 1:48 AM
6	Intermountain	10/8/2022 1:11 AM
7	Maria Middelaes	10/7/2022 5:05 PM
8	Swedish Medical Center	10/7/2022 4:04 PM
9	University of Missouri	10/7/2022 1:37 PM
10	King's College Hospital	10/7/2022 12:46 PM
11	Institute for pulmonary diseases of Vojvodina	10/7/2022 10:50 AM
12	LUMC	10/5/2022 9:11 PM
13	erasmus MC	10/5/2022 5:25 PM
14	Radboudumc	10/5/2022 4:33 PM
15	Hagaziekenhuis	10/5/2022 4:20 PM
16	Upstate University Hospital	9/23/2022 10:15 PM
17	Golden Jubilee National Hospital	9/23/2022 2:40 PM
18	Lund University Hospital	9/21/2022 11:41 AM
19	Leicester	9/21/2022 10:19 AM
20	Ghent University Hospital	9/20/2022 7:05 PM
21	St Vincent's Sydney	9/20/2022 6:36 AM
22	Lutheran Hospital	9/20/2022 1:34 AM
23	flinders medical centre	9/19/2022 4:20 AM
24	ALVARO CUNQUEIRO HOSPITAL. VIGO	9/15/2022 1:49 PM
25	LUMC	9/15/2022 10:28 AM
26	HELIOS Klinikum	9/15/2022 10:12 AM
27	MUMC+	9/15/2022 8:53 AM
28	Auckland	9/14/2022 9:34 PM
29	Louisiana State University Shreveport	9/14/2022 6:26 PM
30	Swedish Medical Center	9/14/2022 5:37 PM
31	General Hospital of Vienna, Medical University of Vienna	9/14/2022 2:21 PM
32	UF	9/14/2022 12:57 PM
33	EpiCURA HORNU	9/14/2022 12:37 PM
34	CHLN ELSO 264	9/14/2022 12:28 PM
35	Dunedin	9/14/2022 12:14 PM

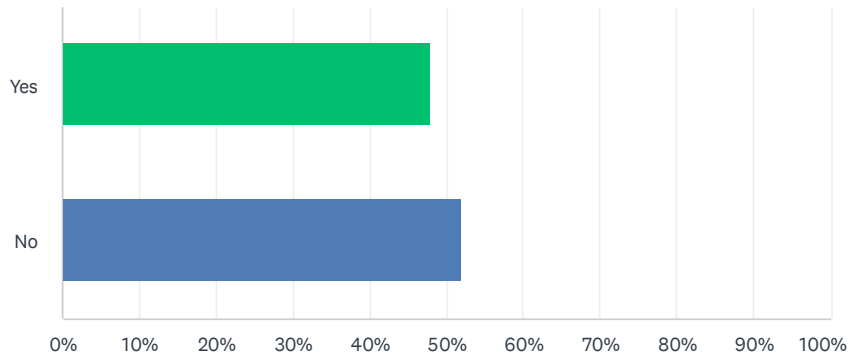
Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

36	University Hospital of Pisa	9/14/2022 12:07 PM
37	Radboud University Medical Centre	9/14/2022 11:46 AM
38	University Hospital Brussel	9/14/2022 11:21 AM
39	Ostrava	9/14/2022 11:20 AM
40	Amiens	9/14/2022 11:16 AM
41	Geneva University Hospitals	9/14/2022 11:15 AM

Q5 Do you have an explicit ventilation protocol for patients supported on ECMO?

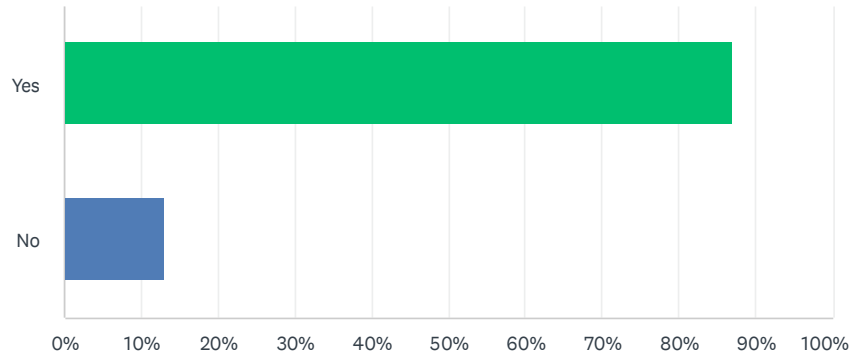
Answered: 52 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	48.08%	25
No	51.92%	27
TOTAL		52

Q6 May we contact you so that you can send us this protocol?

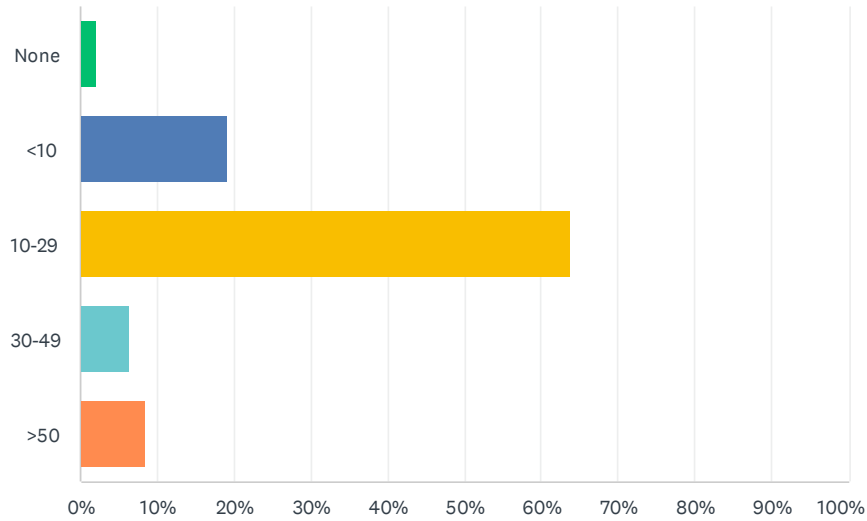
Answered: 23 Skipped: 29



ANSWER CHOICES	RESPONSES	
Yes	86.96%	20
No	13.04%	3
TOTAL		23

Q8 How many adult V-V ECMO cases per annum?

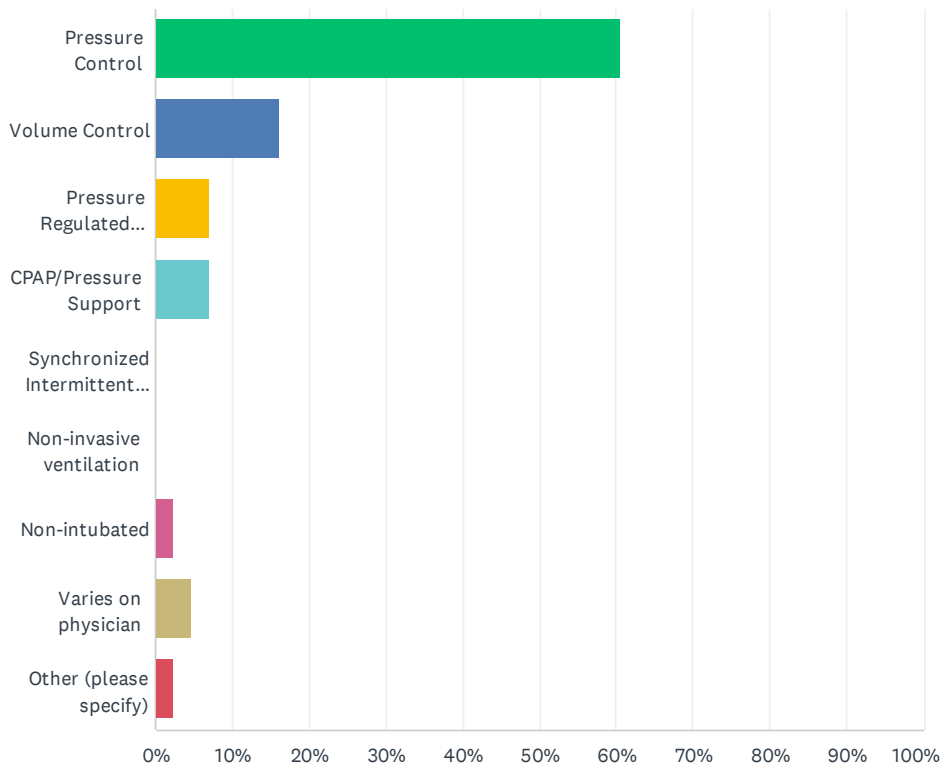
Answered: 47 Skipped: 5



ANSWER CHOICES	RESPONSES	
None	2.13%	1
<10	19.15%	9
10-29	63.83%	30
30-49	6.38%	3
>50	8.51%	4
TOTAL		47

Q9 Which ventilator settings do you preferably/routinely use as the initial primary mode during V-V ECMO support assuming that V-V ECMO on itself is adequate for both oxygenation and ventilation?

Answered: 43 Skipped: 9



ANSWER CHOICES	RESPONSES
Pressure Control	60.47% 26
Volume Control	16.28% 7
Pressure Regulated Volume Control	6.98% 3
CPAP/Pressure Support	6.98% 3
Synchronized Intermittent Mandatory Ventilation	0.00% 0
Non-invasive ventilation	0.00% 0
Non-intubated	2.33% 1
Varies on physician	4.65% 2
Other (please specify)	2.33% 1
TOTAL	43

#	OTHER (PLEASE SPECIFY)	DATE
1	APRV using the TCAV method	9/14/2022 1:02 PM

Q10 What are your initial mechanical ventilation settings assuming that V-V ECMO on itself is adequate for both oxygenation and ventilation?

Answered: 41 Skipped: 11

ANSWER CHOICES	RESPONSES	
PEEP cm H2O	100.00%	41
Driving pressure cm H2O	87.80%	36
Plateau pressure cm H2O	82.93%	34
Tidal volume ml/kg	80.49%	33
Respiratory rate/min	97.56%	40

#	PEEP CM H2O	DATE
1	Optimal PEEP assessment (either via transesophageal pressure monitoring or via P/V loop determination)	10/20/2022 10:58 AM
2	10	10/13/2022 4:42 PM
3	10-12	10/13/2022 3:47 PM
4	10-15	10/13/2022 11:31 AM
5	10	10/13/2022 11:17 AM
6	10	10/8/2022 1:13 AM
7	8	10/7/2022 5:08 PM
8	12	10/7/2022 12:49 PM
9	usually 8-12, depending on the oxygenation and hemodynamis	10/7/2022 10:52 AM
10	will depend on recruitebility preECMO	10/5/2022 9:17 PM
11	10-15	10/5/2022 5:34 PM
12	8	10/5/2022 4:36 PM
13	5	10/5/2022 4:22 PM
14	10-15	9/27/2022 2:05 PM
15	10	9/23/2022 10:17 PM
16	10-15	9/21/2022 11:43 AM
17	10-15	9/21/2022 10:21 AM
18	10	9/20/2022 7:08 PM
19	10-15	9/20/2022 6:38 AM
20	10	9/19/2022 4:22 AM
21	10	9/15/2022 12:21 PM
22	titrated on esophageal pressures, otherwise pre ECMO PEEP	9/15/2022 10:34 AM
23	8 - 12	9/15/2022 10:19 AM
24	10	9/15/2022 8:55 AM
25	10	9/14/2022 10:21 PM
26	10	9/14/2022 9:36 PM
27	10-12	9/14/2022 8:02 PM

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

28	10-12	9/14/2022 6:29 PM
29	10	9/14/2022 5:14 PM
30	5	9/14/2022 3:44 PM
31	depends on compliance or pleural pressure measurement	9/14/2022 2:24 PM
32	10	9/14/2022 12:40 PM
33	10-14	9/14/2022 12:31 PM
34	10	9/14/2022 12:18 PM
35	10	9/14/2022 12:09 PM
36	10 - 14 depending on EE pleural pressure	9/14/2022 11:50 AM
37	5-10	9/14/2022 11:46 AM
38	10	9/14/2022 11:23 AM
39	10	9/14/2022 11:22 AM
40	10	9/14/2022 11:18 AM
41	>10	9/14/2022 11:18 AM
#	DRIVING PRESSURE CM H2O	DATE
1	Below 10 cm	10/20/2022 10:58 AM
2	10	10/13/2022 11:31 AM
3	10	10/13/2022 11:17 AM
4	15	10/8/2022 1:13 AM
5	8	10/7/2022 12:49 PM
6	below 15	10/7/2022 10:52 AM
7	transpulmonary <10	10/5/2022 9:17 PM
8	<15	10/5/2022 4:36 PM
9	5	10/5/2022 4:22 PM
10	10	9/27/2022 2:05 PM
11	10-15	9/21/2022 11:43 AM
12	10-15	9/21/2022 10:21 AM
13	10	9/20/2022 7:08 PM
14	10	9/20/2022 6:38 AM
15	10	9/19/2022 4:22 AM
16	10	9/15/2022 12:21 PM
17	<14 (in case of esophageal balloon transpulm driving pressure <10)	9/15/2022 10:34 AM
18	10 - 14	9/15/2022 10:19 AM
19	<15	9/15/2022 8:55 AM
20	10	9/14/2022 10:21 PM
21	10	9/14/2022 9:36 PM
22	10-15	9/14/2022 8:02 PM
23	10-12	9/14/2022 6:29 PM
24	10	9/14/2022 5:14 PM
25	10	9/14/2022 3:44 PM
26	as low as possible	9/14/2022 2:24 PM

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

27	14	9/14/2022 12:40 PM
28	5-10	9/14/2022 12:31 PM
29	10	9/14/2022 12:18 PM
30	13	9/14/2022 12:09 PM
31	< 10	9/14/2022 11:50 AM
32	5-10	9/14/2022 11:46 AM
33	14	9/14/2022 11:23 AM
34	10	9/14/2022 11:22 AM
35	10	9/14/2022 11:18 AM
36	max 14	9/14/2022 11:18 AM
#	PLATEAU PRESSURE CM H2O	DATE
1	Below 25 cm	10/20/2022 10:58 AM
2	20-25	10/13/2022 11:31 AM
3	20	10/13/2022 11:17 AM
4	25	10/8/2022 1:13 AM
5	25	10/7/2022 5:08 PM
6	20	10/7/2022 12:49 PM
7	below 30	10/7/2022 10:52 AM
8	not specific	10/5/2022 9:17 PM
9	<26	10/5/2022 5:34 PM
10	<28	10/5/2022 4:36 PM
11	5	10/5/2022 4:22 PM
12	20-25	9/27/2022 2:05 PM
13	20-25	9/21/2022 11:43 AM
14	<30	9/21/2022 10:21 AM
15	20	9/20/2022 7:08 PM
16	20-25	9/20/2022 6:38 AM
17	20	9/15/2022 12:21 PM
18	not mentioned	9/15/2022 10:34 AM
19	<30	9/14/2022 10:21 PM
20	<25	9/14/2022 8:02 PM
21	20-24	9/14/2022 6:29 PM
22	20	9/14/2022 5:14 PM
23	15	9/14/2022 3:44 PM
24	as low as possible	9/14/2022 2:24 PM
25	25	9/14/2022 12:40 PM
26	20	9/14/2022 12:31 PM
27	20	9/14/2022 12:18 PM
28	20	9/14/2022 12:09 PM
29	< 20 - 24	9/14/2022 11:50 AM
30	20	9/14/2022 11:46 AM

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

31	24	9/14/2022 11:23 AM
32	20	9/14/2022 11:22 AM
33	20	9/14/2022 11:18 AM
34	max 25	9/14/2022 11:18 AM
#	TIDAL VOLUME ML/KG	DATE
1	150-250 ml (depending on lung compliance - pressure measurements: Ppl and Driving pressure)	10/20/2022 10:58 AM
2	4	10/13/2022 4:42 PM
3	5-6	10/13/2022 3:47 PM
4	4-6	10/13/2022 11:17 AM
5	<6ml/kg	10/8/2022 1:13 AM
6	6-8	10/7/2022 5:08 PM
7	3	10/7/2022 12:49 PM
8	4ml/kg	10/7/2022 10:52 AM
9	will depend on driving pressure, mostly 4-6ml/kg but could be lower	10/5/2022 9:17 PM
10	4	10/5/2022 5:34 PM
11	4 ml/kg	10/5/2022 4:36 PM
12	3	10/5/2022 4:22 PM
13	1-4	9/27/2022 2:05 PM
14	4-6	9/23/2022 10:17 PM
15	Depends on compliance	9/21/2022 11:43 AM
16	Ignore	9/21/2022 10:21 AM
17	up to 6	9/20/2022 6:38 AM
18	4-6	9/15/2022 10:34 AM
19	6	9/15/2022 10:19 AM
20	2-4	9/15/2022 8:55 AM
21	typically < 4cc/kg IBW	9/14/2022 8:02 PM
22	Not targeted	9/14/2022 6:29 PM
23	5-8	9/14/2022 3:44 PM
24	3-4	9/14/2022 2:24 PM
25	3	9/14/2022 12:40 PM
26	2-4	9/14/2022 12:31 PM
27	5-6	9/14/2022 12:18 PM
28	6	9/14/2022 12:09 PM
29	4	9/14/2022 11:50 AM
30	3-4ml/kg	9/14/2022 11:46 AM
31	4	9/14/2022 11:23 AM
32	3	9/14/2022 11:18 AM
33	4	9/14/2022 11:18 AM
#	RESPIRATORY RATE/MIN	DATE
1	12-16/min	10/20/2022 10:58 AM
2	10	10/13/2022 4:42 PM

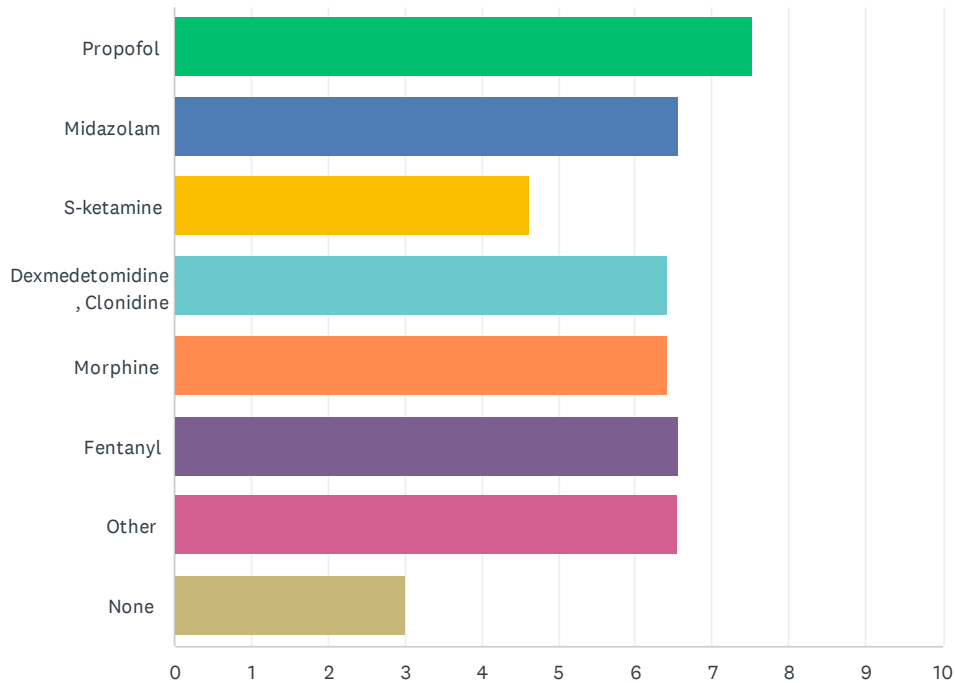
Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

3	10-15	10/13/2022 3:47 PM
4	10	10/13/2022 11:31 AM
5	10	10/13/2022 11:17 AM
6	14	10/8/2022 1:13 AM
7	12	10/7/2022 5:08 PM
8	12	10/7/2022 12:49 PM
9	10-15	10/7/2022 10:52 AM
10	20/min	10/5/2022 9:17 PM
11	10-20	10/5/2022 5:34 PM
12	10	10/5/2022 4:36 PM
13	12	10/5/2022 4:22 PM
14	10-20	9/27/2022 2:05 PM
15	10	9/23/2022 10:17 PM
16	15	9/21/2022 11:43 AM
17	10	9/21/2022 10:21 AM
18	10	9/20/2022 7:08 PM
19	10	9/20/2022 6:38 AM
20	6	9/19/2022 4:22 AM
21	10	9/15/2022 12:21 PM
22	14	9/15/2022 10:34 AM
23	8 - 12	9/15/2022 10:19 AM
24	10-15	9/15/2022 8:55 AM
25	~10	9/14/2022 10:21 PM
26	10	9/14/2022 8:02 PM
27	Spontaneous	9/14/2022 6:29 PM
28	10	9/14/2022 5:14 PM
29	10	9/14/2022 3:44 PM
30	8 - 12	9/14/2022 2:24 PM
31	10	9/14/2022 12:40 PM
32	12-14	9/14/2022 12:31 PM
33	10	9/14/2022 12:18 PM
34	20	9/14/2022 12:09 PM
35	10	9/14/2022 11:50 AM
36	15-20	9/14/2022 11:46 AM
37	10	9/14/2022 11:23 AM
38	10	9/14/2022 11:22 AM
39	10	9/14/2022 11:18 AM
40	10	9/14/2022 11:18 AM

Q11 Which sedatives do you preferably use during V-V ECMO support (please provide and rank max 3, leave the other fields blank)?

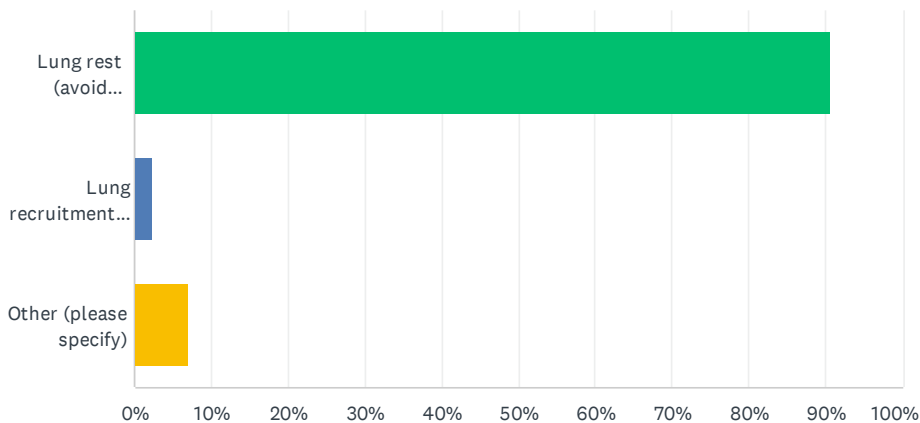
Answered: 42 Skipped: 10



	1	2	3	4	5	6	7	8	TOTAL	SCORE
Propofol	66.67% 22	27.27% 9	0.00% 0	3.03% 1	3.03% 1	0.00% 0	0.00% 0	0.00% 0	33	7.52
Midazolam	21.74% 5	21.74% 5	47.83% 11	8.70% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	23	6.57
S-ketamine	0.00% 0	12.50% 1	37.50% 3	0.00% 0	12.50% 1	25.00% 2	12.50% 1	0.00% 0	8	4.63
Dexmedetomidine, Clonidine	22.73% 5	18.18% 4	50.00% 11	0.00% 0	4.55% 1	4.55% 1	0.00% 0	0.00% 0	22	6.41
Morphine	16.67% 2	50.00% 6	16.67% 2	8.33% 1	0.00% 0	0.00% 0	8.33% 1	0.00% 0	12	6.42
Fentanyl	16.67% 3	44.44% 8	27.78% 5	5.56% 1	0.00% 0	5.56% 1	0.00% 0	0.00% 0	18	6.56
Other	30.77% 4	38.46% 5	15.38% 2	0.00% 0	7.69% 1	0.00% 0	7.69% 1	0.00% 0	13	6.54
None	0.00% 0	33.33% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	66.67% 2	3	3.00

Q12 For mechanical ventilation during V-V ECMO support, what do you consider the primary goal:

Answered: 43 Skipped: 9

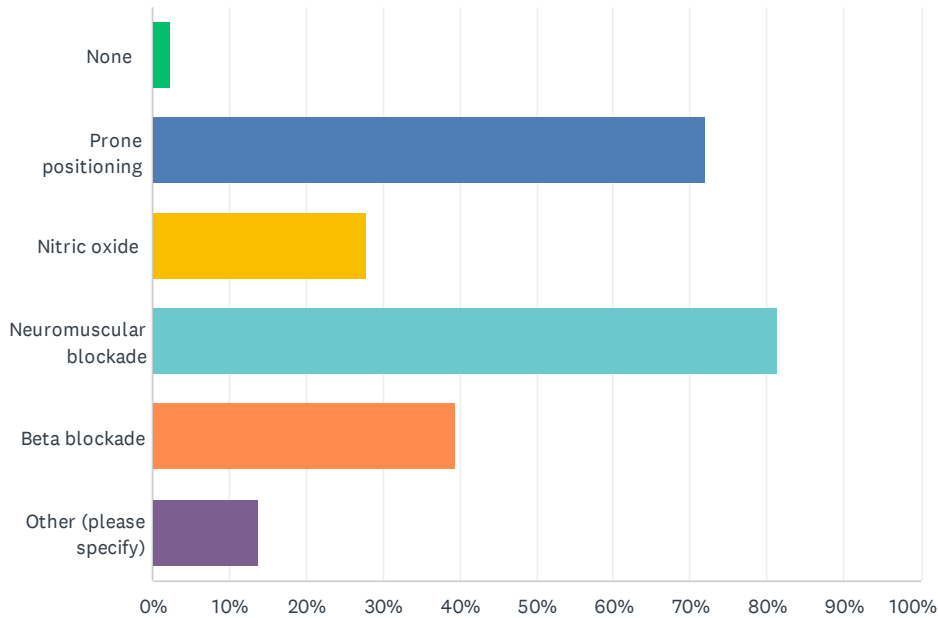


ANSWER CHOICES	RESPONSES	
Lung rest (avoid ventilator-induced lung injury)	90.70%	39
Lung recruitment (opening the lung)	2.33%	1
Other (please specify)	6.98%	3
TOTAL		43

#	OTHER (PLEASE SPECIFY)	DATE
1	Relative lung rest while preventing collapse	10/5/2022 5:34 PM
2	Lung rest, but with some preserved pulmonary oxygenation	9/15/2022 8:55 AM
3	Stabilize the lung to prevent further injury then allow healing which includes recruitment	9/14/2022 1:02 PM

Q13 Do you use respiratory rescue therapies during V-V ECMO support?

Answered: 43 Skipped: 9

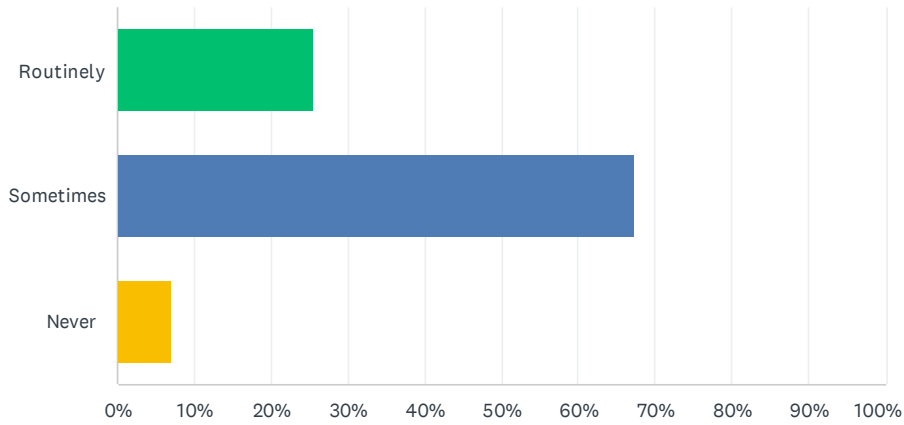


ANSWER CHOICES	RESPONSES
None	2.33% 1
Prone positioning	72.09% 31
Nitric oxide	27.91% 12
Neuromuscular blockade	81.40% 35
Beta blockade	39.53% 17
Other (please specify)	13.95% 6
Total Respondents: 43	

#	OTHER (PLEASE SPECIFY)	DATE
1	very exceptionally NO and beta blockade	10/13/2022 11:17 AM
2	PGI2 nebulised	10/7/2022 12:49 PM
3	Ilomedine ventilation	10/5/2022 4:22 PM
4	additional cannula	9/14/2022 10:21 PM
5	Pseudo-Prone initially then upright with mobilization. Inhaled Flolan has typically been started as rescue for hypoxemia before ECMO initiated and we continue it for ~48 hours to assist recovery of RV function.	9/14/2022 1:02 PM
6	inhaled prostacyclin	9/14/2022 11:50 AM

Q14 Do you use neuromuscular blockade (NMB) during V-V ECMO support?

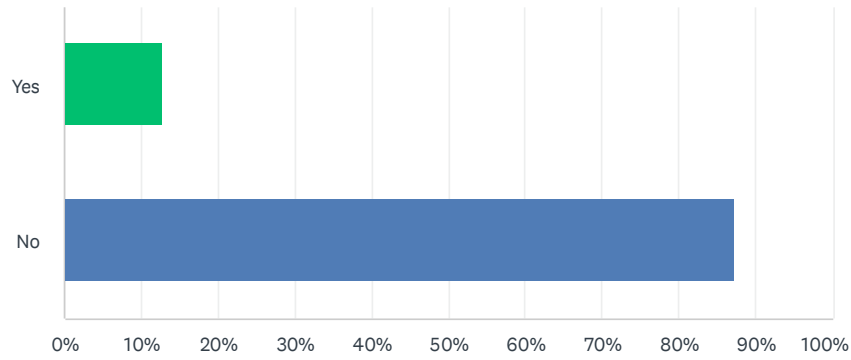
Answered: 43 Skipped: 9



ANSWER CHOICES	RESPONSES	
Routinely	25.58%	11
Sometimes	67.44%	29
Never	6.98%	3
TOTAL		43

Q15 Do you use partial NMB in case of high tidal volumes in awake patients?

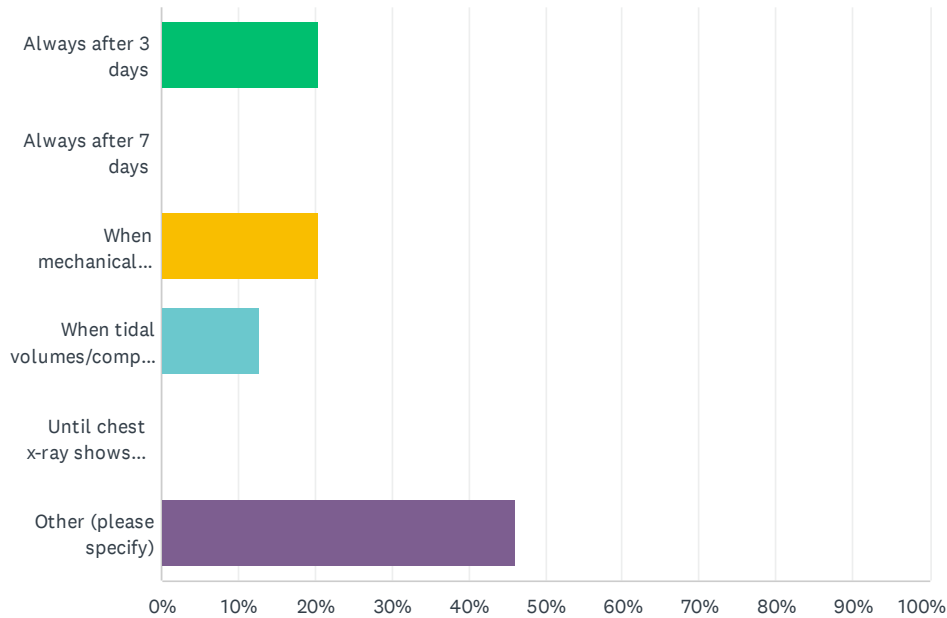
Answered: 39 Skipped: 13



ANSWER CHOICES	RESPONSES	
Yes	12.82%	5
No	87.18%	34
TOTAL		39

Q16 What is the main reason for you to consider stopping NMB during V-V ECMO?

Answered: 39 Skipped: 13



ANSWER CHOICES	RESPONSES	
Always after 3 days	20.51%	8
Always after 7 days	0.00%	0
When mechanical ventilation support diminishes	20.51%	8
When tidal volumes/compliance increase	12.82%	5
Until chest x-ray shows improvement	0.00%	0
Other (please specify)	46.15%	18
TOTAL		39

#	OTHER (PLEASE SPECIFY)	DATE
1	We consider it when nr. 4 and 5 occur (chest x-ray, shows improvement, lung compliance gets better and the initial cause of ARDS is under control).	10/20/2022 11:01 AM
2	Short duration NMB for initial stabilization	10/13/2022 4:44 PM
3	When the clinical condition (including settings of ECMO and mechanical ventilation) stabilizes	10/13/2022 11:19 AM
4	when oxygenation improves	10/7/2022 5:09 PM
5	we use NBM intermitently, when needed, but we avoid continuous use after first 48h	10/7/2022 10:54 AM
6	as soon as possible if deep sedation provides enough sedation to stop patients own respiratory effort	10/5/2022 9:19 PM
7	stop unless persisting high resp drive	10/5/2022 5:36 PM
8	as soon as possible	9/20/2022 7:09 PM

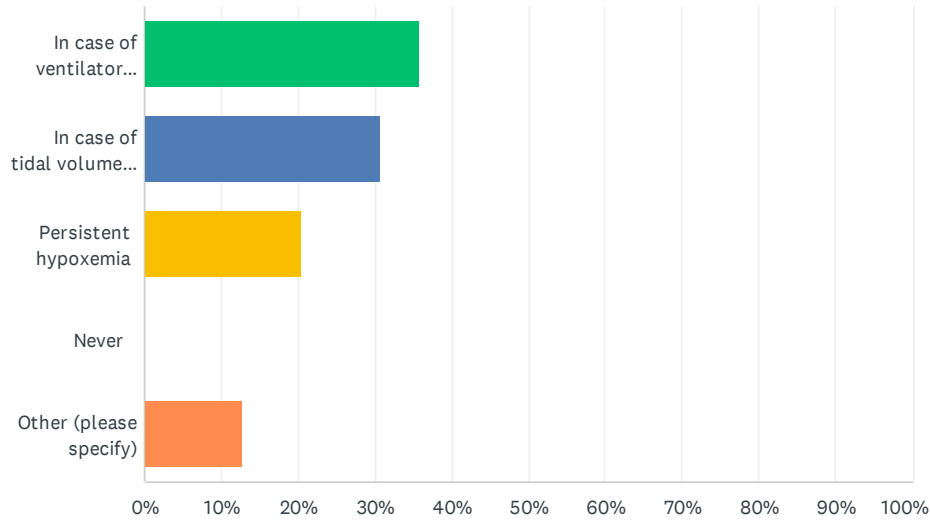
Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

9	ASAP when spontaneous breathing is tolerated	9/20/2022 6:39 AM
10	reduced patient drive and effort	9/19/2022 4:23 AM
11	we don't use NMB regularly	9/15/2022 10:28 AM
12	Daily re-evaluation of necessity.	9/15/2022 8:56 AM
13	as soon as possible with hypoxia improvement/better vent synchrony	9/14/2022 10:22 PM
14	when interference with circuit stops	9/14/2022 9:37 PM
15	If we can adequately support the patient with VV ECMO flows and does not have severe ventilator asynchrony	9/14/2022 8:05 PM
16	wake patient and move/ambulate	9/14/2022 3:44 PM
17	Clinical judgement	9/14/2022 12:32 PM
18	Stop on a regular basis to see if NMB is still necessary	9/14/2022 11:52 AM

Q17 What is the main reason for you to restart NMB during V-V ECMO?

Answered: 39 Skipped: 13

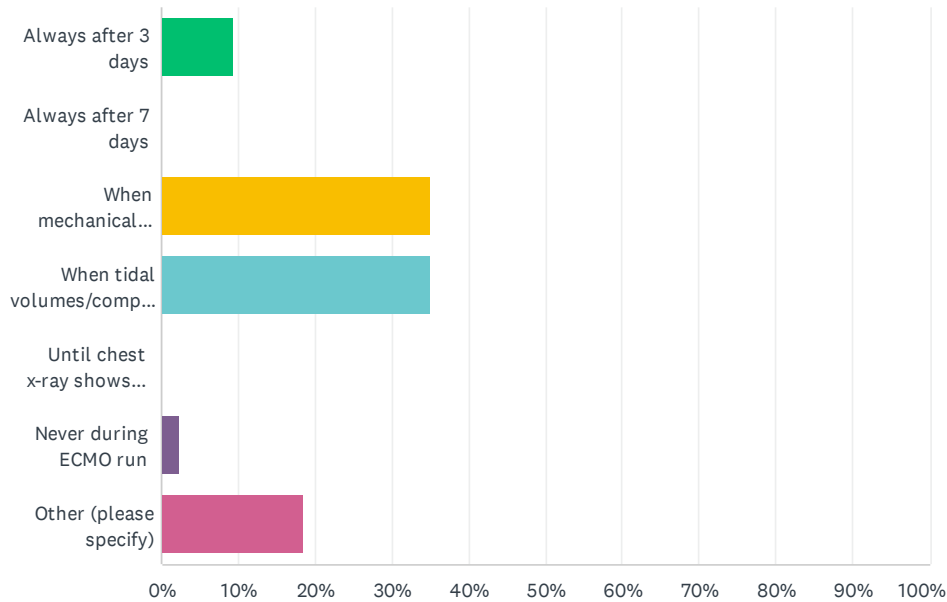


ANSWER CHOICES	RESPONSES
In case of ventilator dyssynchrony	35.90% 14
In case of tidal volumes >6ml/kg or Ppeak/Driving pressure at upper limits	30.77% 12
Persistent hypoxemia	20.51% 8
Never	0.00% 0
Other (please specify)	12.82% 5
TOTAL	39

#	OTHER (PLEASE SPECIFY)	DATE
1	Onvoldoende met sedatie	10/5/2022 4:37 PM
2	we don't use NMB regularly	9/15/2022 10:28 AM
3	Persistent hypoxemia when other rescue strategies have failed	9/15/2022 8:56 AM
4	Lung protection	9/14/2022 12:32 PM
5	Combination of high transpulmonary pressures and/or increased tidal volume	9/14/2022 11:52 AM

Q18 What is the main reason for you to consider stopping sedatives and starting support ventilation during V-V ECMO?

Answered: 43 Skipped: 9



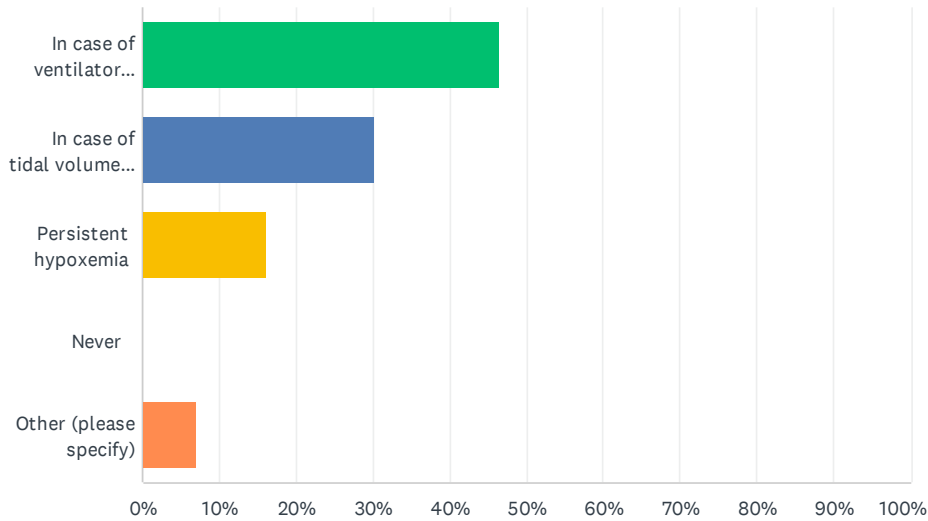
ANSWER CHOICES	RESPONSES
Always after 3 days	9.30% 4
Always after 7 days	0.00% 0
When mechanical ventilation support diminishes	34.88% 15
When tidal volumes/compliance increase	34.88% 15
Until chest x-ray shows improvement	0.00% 0
Never during ECMO run	2.33% 1
Other (please specify)	18.60% 8
TOTAL	43

#	OTHER (PLEASE SPECIFY)	DATE
1	When assessing neurological status and when performing a V-V ECMO weaning trial.	10/20/2022 11:05 AM
2	Depends on patient	10/11/2022 10:43 PM
3	when ECMO oxygenation is adequate	10/7/2022 5:10 PM
4	As soon as it is tolerated. Daily trials	9/20/2022 6:42 AM
5	Usually day 3-5 first try, but recent years with COVID it was often impossible to get the patient awake and cooperative	9/15/2022 8:58 AM
6	as soon as possible!	9/14/2022 10:23 PM
7	Consider stopping sedatives after 24 hours	9/14/2022 6:32 PM
8	Once stabilized post cannulation (within 24 hours typically) we have the patient awake with	9/14/2022 1:06 PM

supported breathing on APRV

Q19 What is the main reason for you to restart sedatives during V-V ECMO?

Answered: 43 Skipped: 9

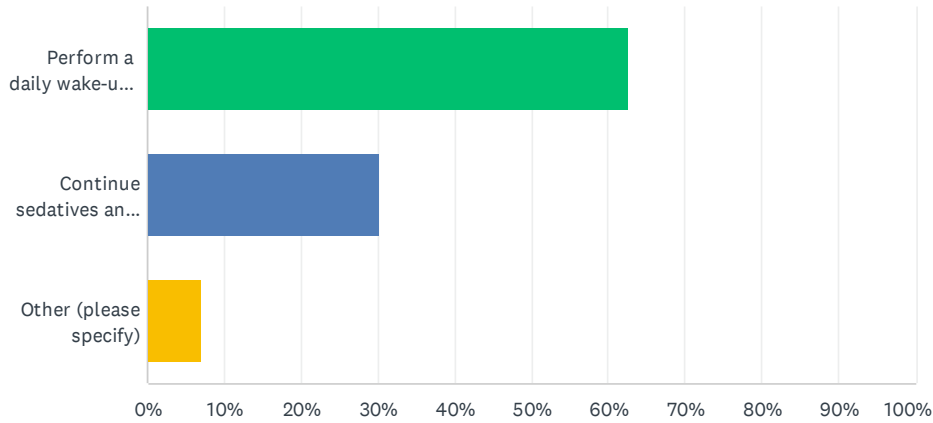


ANSWER CHOICES	RESPONSES
In case of ventilator dyssynchrony	46.51% 20
In case of tidal volumes >6ml/kg or Ppeak/Driving pressure at upper limits	30.23% 13
Persistent hypoxemia	16.28% 7
Never	0.00% 0
Other (please specify)	6.98% 3
TOTAL	43

#	OTHER (PLEASE SPECIFY)	DATE
1	Agitated delirium causing flow issues or danger of self harm (cannula dislodgement)	9/14/2022 1:06 PM
2	Lung protection	9/14/2022 12:33 PM
3	Combination of high respiratory drive with inability to improve situation with ventilator settings	9/14/2022 11:55 AM

Q20 When you decide to restart sedatives, do you

Answered: 43 Skipped: 9

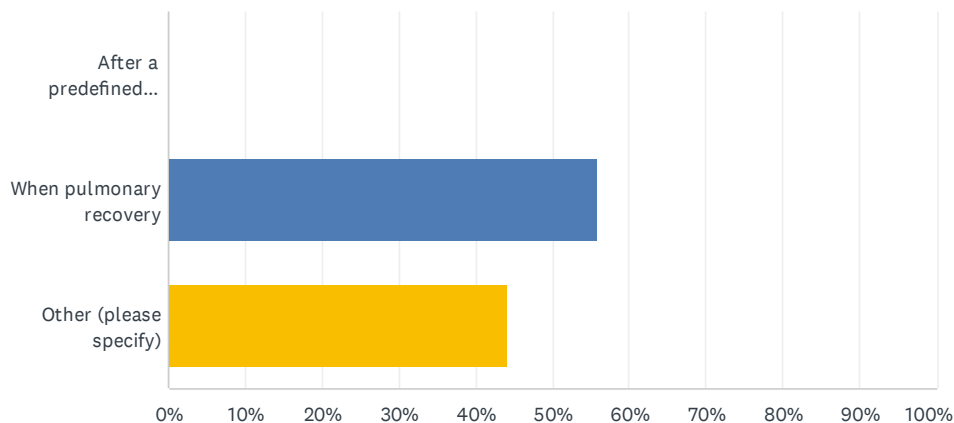


ANSWER CHOICES	RESPONSES
Perform a daily wake-up call	62.79% 27
Continue sedatives and stop using the same conditions as the first stopping attempt	30.23% 13
Other (please specify)	6.98% 3
TOTAL	43

#	OTHER (PLEASE SPECIFY)	DATE
1	We do perform daily wake-up calls (assessing neuro status) when this is clinically indicated, usually we employ sedation until also is clinically indicated.	10/20/2022 11:05 AM
2	Depends on patient	10/11/2022 10:43 PM
3	Use Dex or sedating anti-psychotics to help bridge until the drug-induced delirium (from opiates and benzos) resolves	9/14/2022 1:06 PM

Q21 When do you permanently stop sedatives during V-V ECMO?

Answered: 43 Skipped: 9



ANSWER CHOICES	RESPONSES	
After a predefined period	0.00%	0
When pulmonary recovery	55.81%	24
Other (please specify)	44.19%	19
TOTAL		43

#	OTHER (PLEASE SPECIFY)	DATE
1	Usually never - there is always a "back up" dose of for example dexmedetomidine needed.	10/20/2022 11:05 AM
2	When possible	10/13/2022 11:32 AM
3	Depends on patient	10/11/2022 10:43 PM
4	When the pt tolerates being off them	10/8/2022 1:15 AM
5	if oxygenation is adequate on ECMO	10/7/2022 5:10 PM
6	When work of breathing well controlled	10/7/2022 12:51 PM
7	case dependend	10/5/2022 5:37 PM
8	When patients accepts ECMO treatment without sedatives without jeopardizing recovery of the lungs	9/21/2022 11:46 AM
9	when the patient supports being awake on ecmo, we use rather for a long period dexmedetomedine	9/20/2022 7:11 PM
10	As soon as tolerated (dyssynchrony, agitation, hypoxia etc0	9/20/2022 6:42 AM
11	if patient tolerates ventilation or is spontaneous breathing	9/15/2022 10:32 AM
12	If RASS score is adequate, but this is rarely achieved without some sedatives.	9/15/2022 8:58 AM
13	when patient is able to be supported on VV ECMO and vent without need for additional sedation	9/14/2022 10:23 PM
14	If the patient tolerates stopping sedation from an oxygenation and synchrony perspective	9/14/2022 8:07 PM
15	As soon as possible after starting VV ECMO	9/14/2022 6:32 PM
16	As soon as tolerated; extremely variable depending on respiratory effort and patient tolerance	9/14/2022 5:16 PM

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

17	tolerate awake state	9/14/2022 3:45 PM
18	When not needed	9/14/2022 1:06 PM
19	Clinical judgement	9/14/2022 12:33 PM

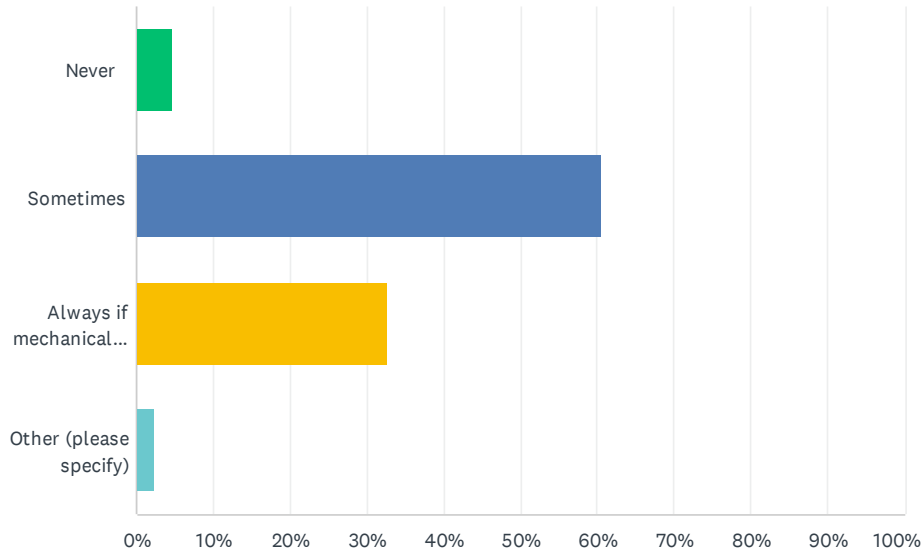
Q22 After which predefined period do you permanently stop sedatives during V-V ECMO?

Answered: 0 Skipped: 52

#	RESPONSES	DATE
	There are no responses.	

Q23 Do you perform tracheostomy in V-V ECMO patients?

Answered: 43 Skipped: 9

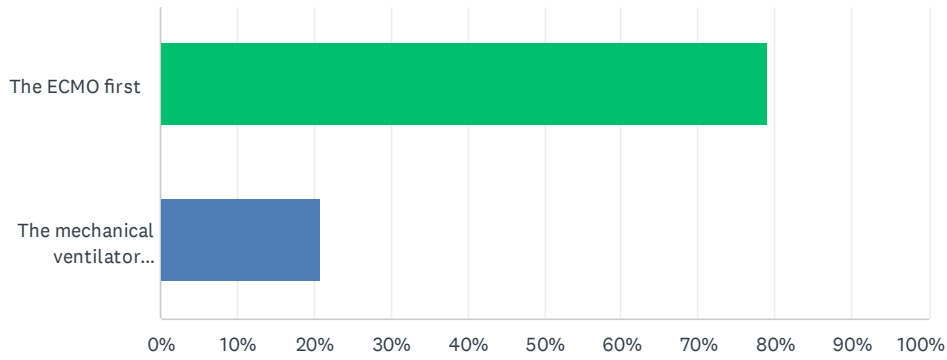


ANSWER CHOICES	RESPONSES
Never	4.65% 2
Sometimes	60.47% 26
Always if mechanical ventilation duration of more than 2 weeks is expected	32.56% 14
Other (please specify)	2.33% 1
TOTAL	43

#	OTHER (PLEASE SPECIFY)	DATE
1	MV ≥ 3 weeks	9/14/2022 11:19 AM

Q24 As patients supported with V-V ECMO, do you preferably wean and discontinue:

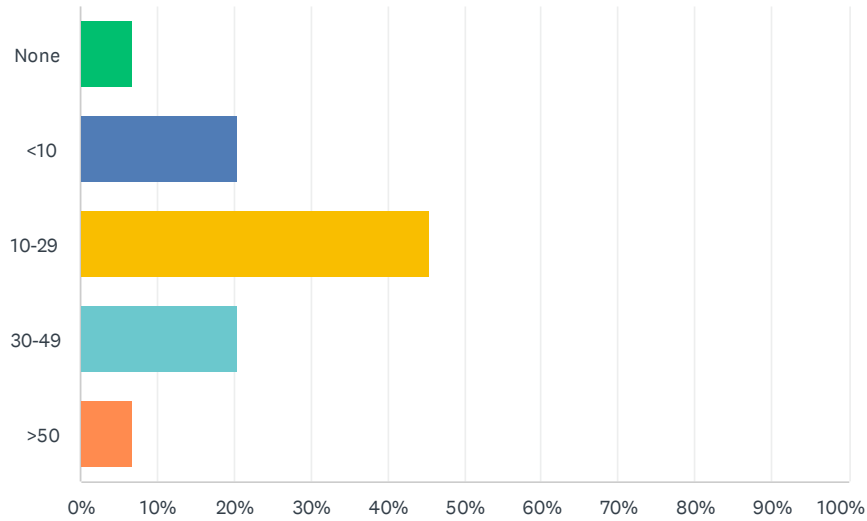
Answered: 43 Skipped: 9



ANSWER CHOICES	RESPONSES	
The ECMO first	79.07%	34
The mechanical ventilator first	20.93%	9
TOTAL		43

Q25 How many adult V-A ECMO cases per annum?

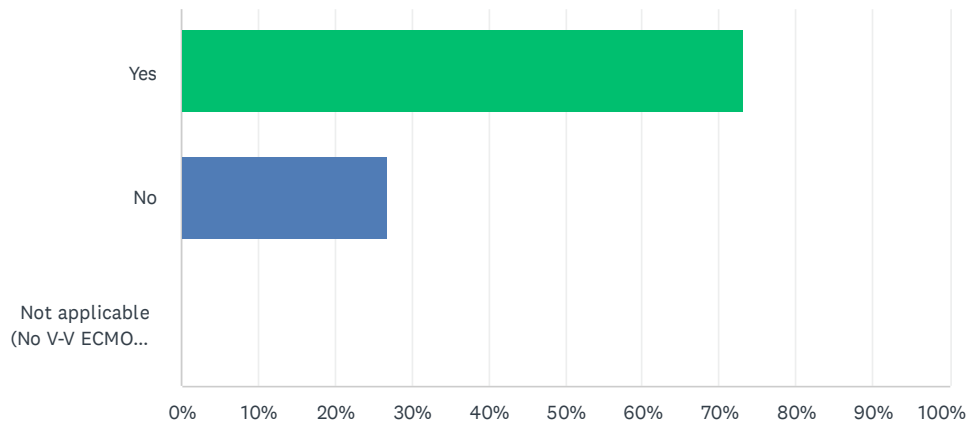
Answered: 44 Skipped: 8



ANSWER CHOICES	RESPONSES	
None	6.82%	3
<10	20.45%	9
10-29	45.45%	20
30-49	20.45%	9
>50	6.82%	3
TOTAL		44

Q26 Do you use a different ventilation strategies during V-A ECMO for a cardiac indication (e.g. cardiogenic shock) without respiratory compromise?

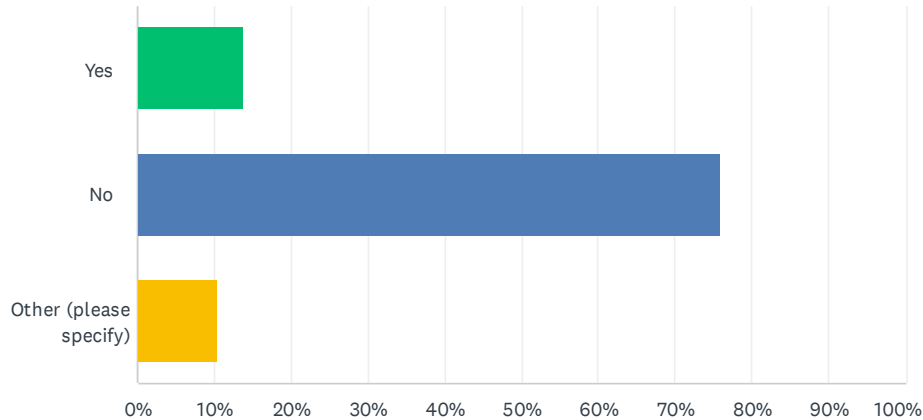
Answered: 41 Skipped: 11



ANSWER CHOICES	RESPONSES	
Yes	73.17%	30
No	26.83%	11
Not applicable (No V-V ECMO patients in your center)	0.00%	0
TOTAL		41

Q27 Do you use lungrest ventilation settings when you place a patient on V-A ECMO for a cardiac indication (e.g. cardiogenic shock) without respiratory compromise?

Answered: 29 Skipped: 23

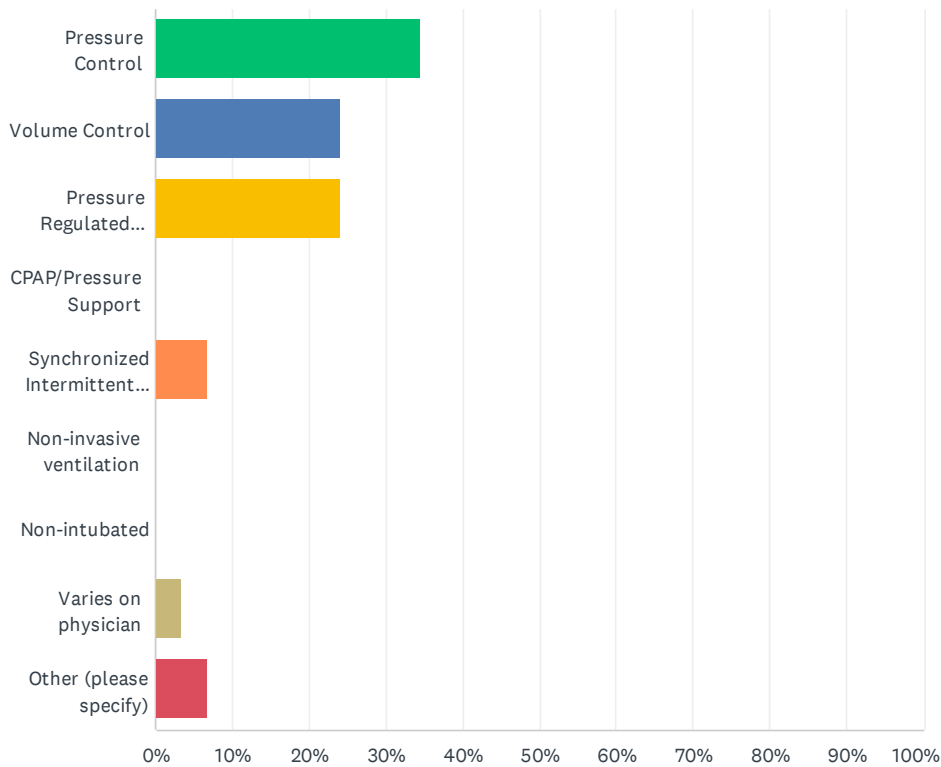


ANSWER CHOICES	RESPONSES
Yes	13.79% 4
No	75.86% 22
Other (please specify)	10.34% 3
TOTAL	29

#	OTHER (PLEASE SPECIFY)	DATE
1	if concomitant ARDS	9/14/2022 10:24 PM
2	APRV using TCAV strategy which is personalized for their lung status (good or bad)	9/14/2022 1:09 PM
3	Depending on lung mechanics	9/14/2022 12:36 PM

Q28 Which ventilator settings do you preferably/routinely use as the initial primary mode during V-A ECMO support for cardiac indication (e.g. cardiogenic shock) without respiratory compromise?

Answered: 29 Skipped: 23



ANSWER CHOICES	RESPONSES	
Pressure Control	34.48%	10
Volume Control	24.14%	7
Pressure Regulated Volume Control	24.14%	7
CPAP/Pressure Support	0.00%	0
Synchronized Intermittent Mandatory Ventilation	6.90%	2
Non-invasive ventilation	0.00%	0
Non-intubated	0.00%	0
Varies on physician	3.45%	1
Other (please specify)	6.90%	2
TOTAL		29

#	OTHER (PLEASE SPECIFY)	DATE
1	APRV	9/14/2022 1:09 PM
2	it depends if the patient is intubated or not	9/14/2022 11:22 AM

Q29 What are your initial mechanical ventilation settings during V-A ECMO for a cardiac indication (e.g. cardiogenic shock) without respiratory compromise?

Answered: 28 Skipped: 24

ANSWER CHOICES	RESPONSES	
PEEP cm H2O	100.00%	28
Driving pressure cm H2O	82.14%	23
Plateau pressure cm H2O	78.57%	22
Tidal volume ml/kg	92.86%	26
Respiratory rate/min	89.29%	25

#	PEEP CM H2O	DATE
1	10	10/13/2022 11:22 AM
2	10	10/8/2022 1:18 AM
3	12	10/7/2022 12:53 PM
4	5-15	10/5/2022 5:40 PM
5	5	9/30/2022 1:03 PM
6	5	9/23/2022 10:19 PM
7	15	9/21/2022 11:48 AM
8	10	9/21/2022 10:24 AM
9	5	9/20/2022 7:16 PM
10	5-12	9/20/2022 6:45 AM
11	10	9/19/2022 4:26 AM
12	5-10	9/15/2022 10:37 AM
13	10-12	9/15/2022 9:00 AM
14	5	9/14/2022 10:24 PM
15	10	9/14/2022 9:39 PM
16	5-10	9/14/2022 8:11 PM
17	6 - 10	9/14/2022 5:25 PM
18	10	9/14/2022 5:18 PM
19	5	9/14/2022 3:47 PM
20	5-10	9/14/2022 2:28 PM
21	10	9/14/2022 12:45 PM
22	5-10	9/14/2022 12:36 PM
23	10	9/14/2022 12:22 PM
24	needed within lung protective settings	9/14/2022 11:49 AM
25	5	9/14/2022 11:27 AM
26	5-8	9/14/2022 11:26 AM

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

27	10	9/14/2022 11:22 AM
28	6	9/14/2022 11:21 AM
#	DRIVING PRESSURE CM H2O	DATE
1	15	10/13/2022 11:22 AM
2	13	10/7/2022 12:53 PM
3	10	9/21/2022 11:48 AM
4	10-15	9/21/2022 10:24 AM
5	max 15	9/20/2022 7:16 PM
6	10-12	9/20/2022 6:45 AM
7	<14	9/15/2022 10:37 AM
8	<15	9/15/2022 9:00 AM
9	10-15	9/14/2022 10:24 PM
10	20	9/14/2022 9:39 PM
11	<15	9/14/2022 8:11 PM
12	< 12	9/14/2022 5:25 PM
13	10	9/14/2022 5:18 PM
14	10	9/14/2022 3:47 PM
15	<15	9/14/2022 2:28 PM
16	14	9/14/2022 12:45 PM
17	10	9/14/2022 12:36 PM
18	10	9/14/2022 12:22 PM
19	needed within lung protective settings	9/14/2022 11:49 AM
20	14	9/14/2022 11:27 AM
21	15	9/14/2022 11:26 AM
22	not an issue	9/14/2022 11:22 AM
23	15	9/14/2022 11:21 AM
#	PLATEAU PRESSURE CM H2O	DATE
1	25	10/13/2022 11:22 AM
2	<30	10/8/2022 1:18 AM
3	25	10/7/2022 12:53 PM
4	25	9/21/2022 11:48 AM
5	25	9/21/2022 10:24 AM
6	max 28	9/20/2022 7:16 PM
7	15-24	9/20/2022 6:45 AM
8	<25	9/15/2022 10:37 AM
9	<30	9/14/2022 10:24 PM
10	< 30	9/14/2022 8:11 PM
11	< 25	9/14/2022 5:25 PM
12	20	9/14/2022 5:18 PM
13	20	9/14/2022 3:47 PM
14	<30	9/14/2022 2:28 PM

Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

15	30	9/14/2022 12:45 PM
16	20	9/14/2022 12:36 PM
17	10	9/14/2022 12:22 PM
18	needed within lung protective settings	9/14/2022 11:49 AM
19	19	9/14/2022 11:27 AM
20	30	9/14/2022 11:26 AM
21	not an issue	9/14/2022 11:22 AM
22	25	9/14/2022 11:21 AM

#	TIDAL VOLUME ML/KG	DATE
1	6-8	10/13/2022 11:22 AM
2	6ml/kg	10/8/2022 1:18 AM
3	6	10/7/2022 12:53 PM
4	4-6	10/5/2022 5:40 PM
5	6	9/30/2022 1:03 PM
6	6	9/23/2022 10:19 PM
7	6 ml/kg	9/21/2022 11:48 AM
8	max 8	9/20/2022 7:16 PM
9	6	9/20/2022 6:45 AM
10	6	9/19/2022 4:26 AM
11	6-8	9/15/2022 10:37 AM
12	4-6	9/15/2022 9:00 AM
13	6 cc/kg	9/14/2022 10:24 PM
14	6	9/14/2022 9:39 PM
15	6 cc/kg IBW	9/14/2022 8:11 PM
16	6 ml/kg	9/14/2022 5:25 PM
17	5-10	9/14/2022 3:47 PM
18	6	9/14/2022 2:28 PM
19	6	9/14/2022 12:45 PM
20	4-6	9/14/2022 12:36 PM
21	5-6	9/14/2022 12:22 PM
22	needed within lung protective settings	9/14/2022 11:49 AM
23	7	9/14/2022 11:27 AM
24	6	9/14/2022 11:26 AM
25	8	9/14/2022 11:22 AM
26	6	9/14/2022 11:21 AM

#	RESPIRATORY RATE/MIN	DATE
1	15-20	10/13/2022 11:22 AM
2	14	10/8/2022 1:18 AM
3	12	10/7/2022 12:53 PM
4	10-20	10/5/2022 5:40 PM
5	10	9/30/2022 1:03 PM

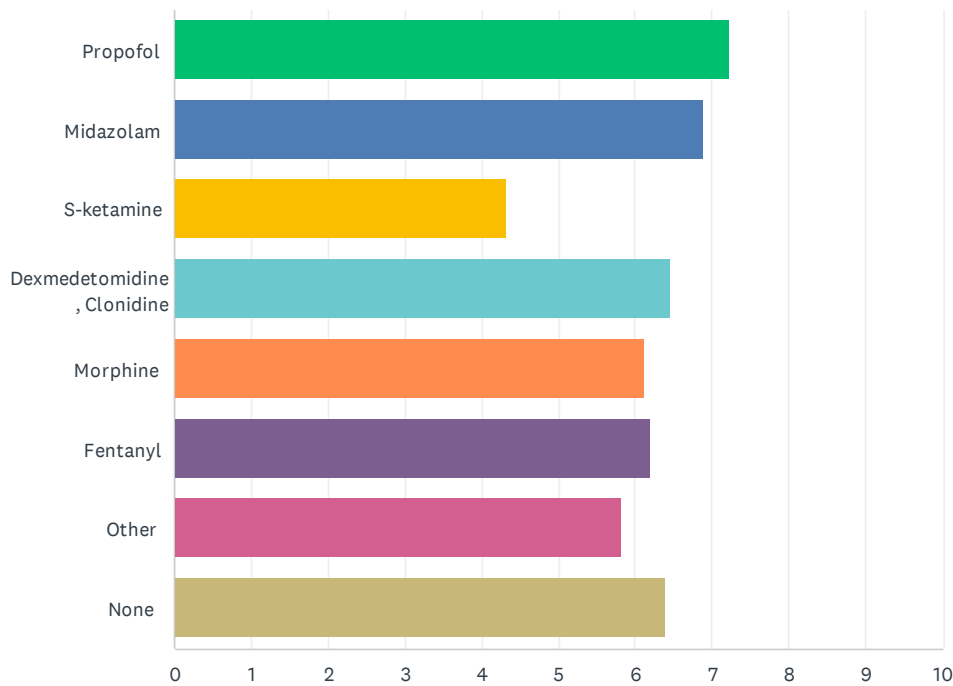
Mechanical ventilation during Extracorporeal Membrane Oxygenation

SurveyMonkey

6	10	9/23/2022 10:19 PM
7	15	9/21/2022 11:48 AM
8	10-16	9/21/2022 10:24 AM
9	depends on the support of the ecmo, if it is partial support, we ventilate more frequently	9/20/2022 7:16 PM
10	10-16	9/20/2022 6:45 AM
11	12	9/19/2022 4:26 AM
12	10-14	9/15/2022 10:37 AM
13	10-15	9/15/2022 9:00 AM
14	12-16	9/14/2022 10:24 PM
15	10 - 15	9/14/2022 5:25 PM
16	10	9/14/2022 5:18 PM
17	10	9/14/2022 3:47 PM
18	10 - 12	9/14/2022 2:28 PM
19	20	9/14/2022 12:45 PM
20	12-16	9/14/2022 12:36 PM
21	10	9/14/2022 12:22 PM
22	needed within lung protective settings	9/14/2022 11:49 AM
23	14	9/14/2022 11:27 AM
24	10	9/14/2022 11:22 AM
25	20	9/14/2022 11:21 AM

Q30 Which sedatives do you preferably use during V-A ECMO support for a cardiac indication (e.g. cardiogenic shock) without respiratory compromise (please provide and rank max 3, leave the other fields blank)?

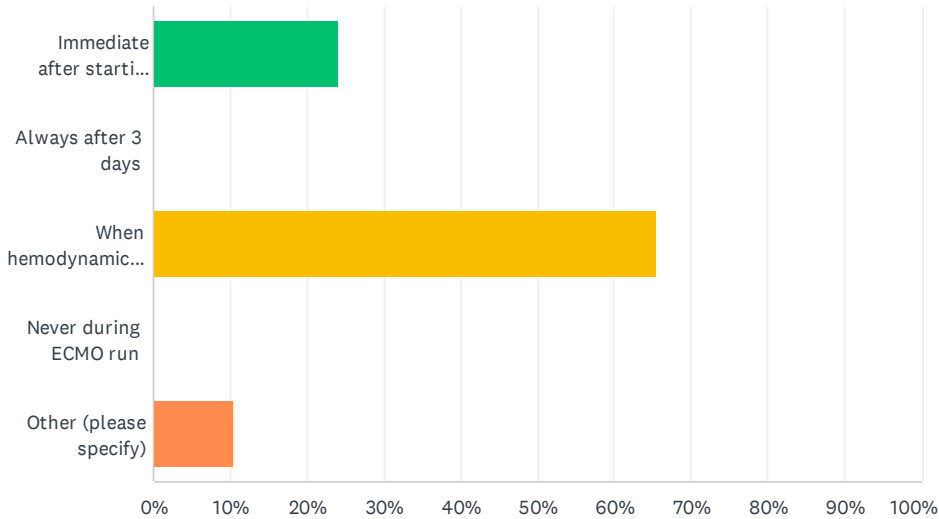
Answered: 29 Skipped: 23



	1	2	3	4	5	6	7	8	TOTAL	SCORE
Propofol	54.55% 12	27.27% 6	9.09% 2	4.55% 1	4.55% 1	0.00% 0	0.00% 0	0.00% 0	22	7.23
Midazolam	31.25% 5	25.00% 4	43.75% 7	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16	6.88
S-ketamine	0.00% 0	16.67% 1	16.67% 1	0.00% 0	33.33% 2	16.67% 1	16.67% 1	0.00% 0	6	4.33
Dexmedetomidine, Clonidine	26.67% 4	20.00% 3	40.00% 6	6.67% 1	0.00% 0	6.67% 1	0.00% 0	0.00% 0	15	6.47
Morphine	12.50% 1	50.00% 4	12.50% 1	12.50% 1	0.00% 0	0.00% 0	12.50% 1	0.00% 0	8	6.13
Fentanyl	20.00% 2	20.00% 2	40.00% 4	10.00% 1	0.00% 0	10.00% 1	0.00% 0	0.00% 0	10	6.20
Other	16.67% 2	41.67% 5	16.67% 2	0.00% 0	8.33% 1	0.00% 0	8.33% 1	8.33% 1	12	5.83
None	60.00% 3	20.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	20.00% 1	5	6.40

Q31 What is the main reason for you you to consider stopping sedatives and starting support ventilation during V-A ECMO for a cardiac indication (e.g. cardiogenic shock) without respiratory compromise?

Answered: 29 Skipped: 23

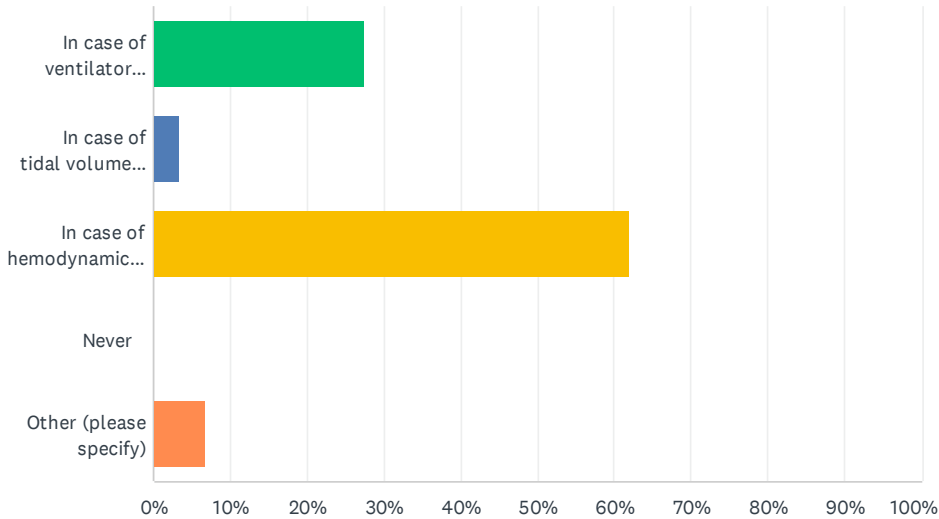


ANSWER CHOICES	RESPONSES
Immediate after starting ECMO	24.14% 7
Always after 3 days	0.00% 0
When hemodynamic stabilization	65.52% 19
Never during ECMO run	0.00% 0
Other (please specify)	10.34% 3
TOTAL	29

#	OTHER (PLEASE SPECIFY)	DATE
1	very case dependent	10/5/2022 5:40 PM
2	to check neurological status if ECPR and after the patient has been stable for several hours	9/20/2022 7:16 PM
3	Not clear what you are asking	9/14/2022 8:11 PM

Q32 What is the main reason for you to restart sedatives during V-A ECMO for a cardiac indication (e.g. cardiogenic shock) without respiratory compromise?

Answered: 29 Skipped: 23

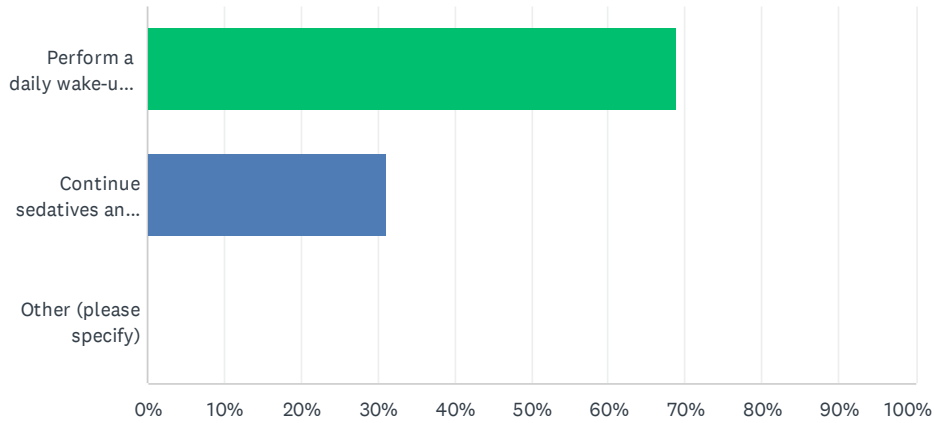


ANSWER CHOICES	RESPONSES
In case of ventilator dyssynchrony	27.59% 8
In case of tidal volumes >6ml/kg and pressures at upper limits	3.45% 1
In case of hemodynamic instability	62.07% 18
Never	0.00% 0
Other (please specify)	6.90% 2
TOTAL	29

#	OTHER (PLEASE SPECIFY)	DATE
1	if patient is unsafe on minimal to no sedation	9/14/2022 10:24 PM
2	Combination of vigorous efforts and large tidal volumes	9/14/2022 5:25 PM

Q33 When you decide to restart sedatives, do you

Answered: 29 Skipped: 23

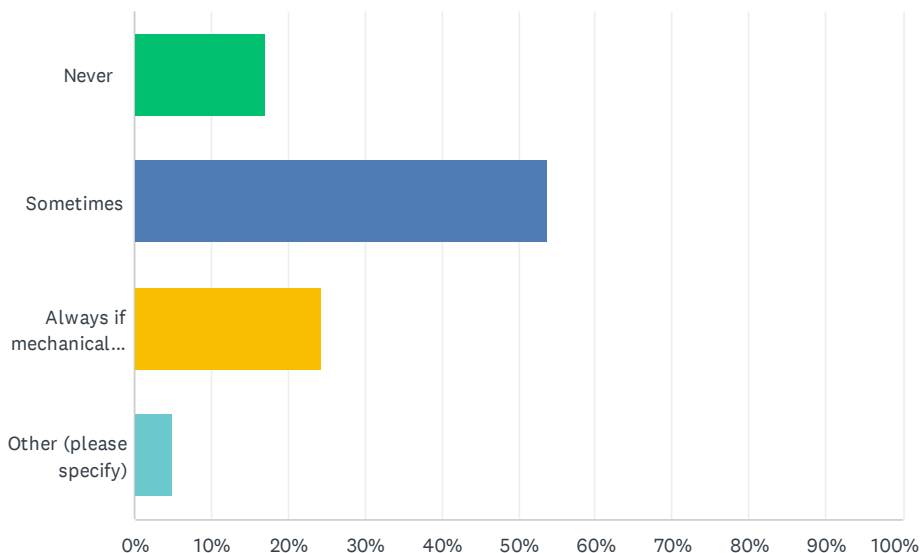


ANSWER CHOICES	RESPONSES
Perform a daily wake-up call	68.97% 20
Continue sedatives and stop using the same conditions as the first stopping attempt	31.03% 9
Other (please specify)	0.00% 0
TOTAL	29

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q34 Do you perform tracheostomy in V-A ECMO patients?

Answered: 41 Skipped: 11



ANSWER CHOICES	RESPONSES
Never	17.07% 7
Sometimes	53.66% 22
Always if mechanical ventilation duration of more than 2 weeks is expected	24.39% 10
Other (please specify)	4.88% 2
TOTAL	41

#	OTHER (PLEASE SPECIFY)	DATE
1	We have not yet performed the procedure on a V-A ECMO patient - usually after cardiac recovery an ECMO wean was indicated first.	10/20/2022 11:06 AM
2	Rarely	9/14/2022 12:36 PM