

Cath Lab: Cardiogenic Shock with ECpella

Peripheral VA ECMO

Ongoing Clinical Assessment¹

Obtain Echocardiogram

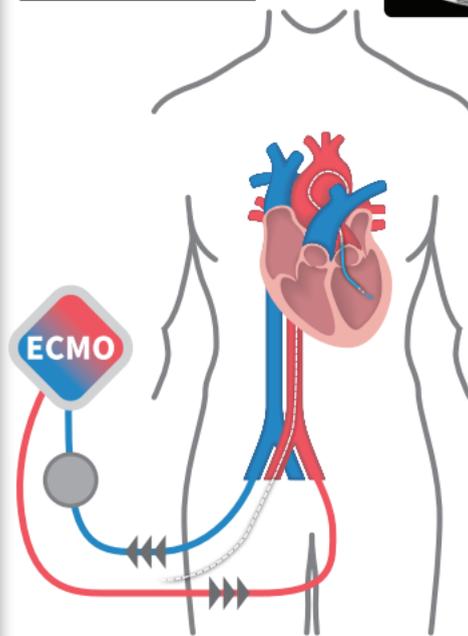
NO LVD	SUBCLINICAL LVD	CLINICAL LVD
<ul style="list-style-type: none"> • Arterial pulse pressure >15 mmHg • CVP 8-12 mmHg • Aortic valve opening consistently • LVEF > 30% • PCWP 15-20 mmHg • Monitor for signs of pulmonary edema 	<ul style="list-style-type: none"> • Arterial pulse pressure <15 mmHg • CVP 12-16 mmHg • Aortic valve opening • Presence of LA/LV "smoke" • Reduced LVEF < 30% • PCWP >18 mmHg and increasing • Increasing pulmonary edema 	<ul style="list-style-type: none"> • Arterial pulse pressure <15 mmHg or pulseless • CVP >20 mmHg • Aortic valve not opening • Presence of LA/LV "smoke" • Reduced LVEF < 20% • PCWP >20 mmHg • Severe pulmonary edema

REASSESS FOR PULSATILITY
1HR

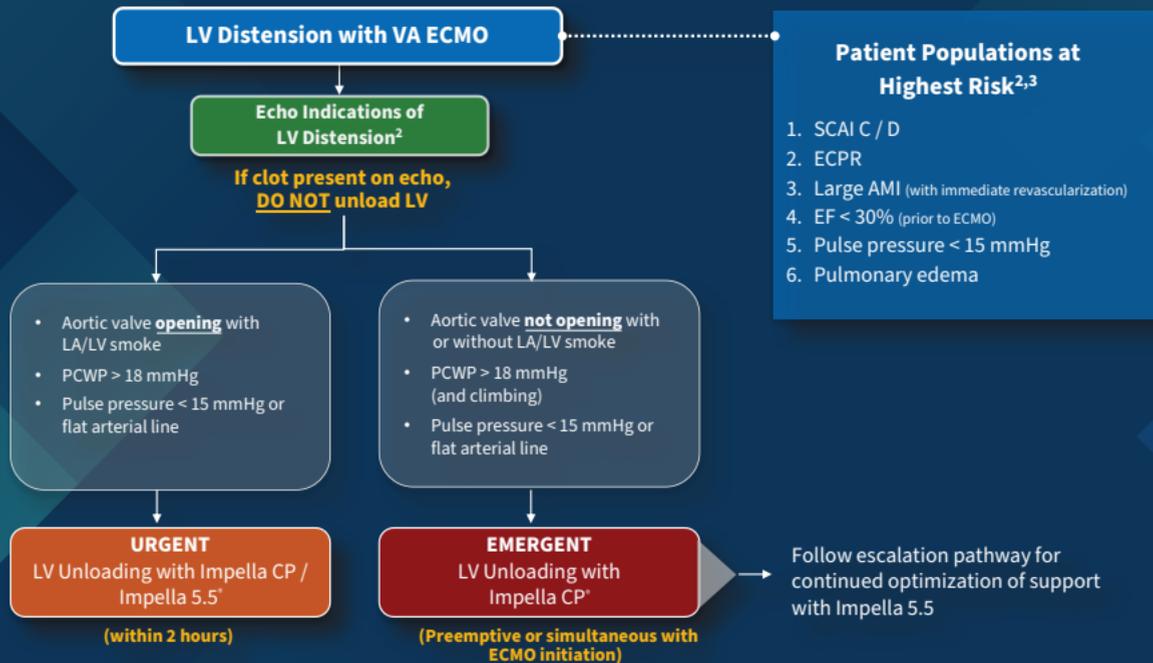
↓MAP/↓ECMO Flow/↓Volume

Escalate to ECpella

95/min
65 mmHg
100% Sat



Cath Lab Pathway to ECpella



REFERENCES

1. Cevasco, M. et al. (2019). *Journal Of Thoracic Disease*, 11(4), 1676-1683
2. Lorusso, R. et al. (2022). *JTCVS Techniques*, 13, 101-114
3. Ricarte Bratti, J. et al. (2021). *Membranes*. 11(3), 209

The concomitant use of Impella with VA ECMO (commonly known as "ECpella") has neither been cleared nor approved by the FDA. The use of ECpella in the setting of cardiogenic shock has been well published with associated benefits and risks for left ventricular unloading. This information is being provided under the FDA's guidance on titled: "Medical Product Communications Consistent with the Labeling" (2018). Any physician considering the use should read the literature to understand the benefits and risks discussed within these articles.