

Nom				Prénom				
RAMQ				Dossier HSCM				
Age		Sexe		Taille (m)		Poids (kg)		
Antécédants médicaux et chirurgicaux				Informations générales	Date de début des symptômes : <hr/> Date d'admission hôpital: <hr/> Date d'admission aux S.I : <hr/>			
Diagnostic principal				Autres diagnostics				
Arrêt cardiaque	<input type="checkbox"/> Oui		<input type="checkbox"/> Non					
Histoire								
Neuro								
Hémodyn								
Respiratoire	Nombre de jour de ventilation mécanique invasive : _____ Mode de ventilation : _____ Vt : _____; Pcrête : _____; Pplat : _____; FR : _____; PEEP : _____; FiO2 : _____ Gaz artériel : pH : _____; PaCO ₂ : _____; PaO ₂ : _____; HCO ₃ ⁻ : _____ NO inhalé? <input type="checkbox"/> Oui <input type="checkbox"/> Non Flolan inhalé? <input type="checkbox"/> Oui <input type="checkbox"/> Non Curare? <input type="checkbox"/> Oui <input type="checkbox"/> Non							
	Gastro-intestinal							
	Néphro-métabolique	Bilan I/E: _____ Perfusion de bicarbonates ? <input type="checkbox"/> Oui <input type="checkbox"/> Non CVVH ? <input type="checkbox"/> Oui <input type="checkbox"/> Non						
	Hémato-infectieux							

DÉCISION ECMO-VV (INTRA ou EXTRAHOSPITALIER)

- Critère EOLIA :**
- PaO₂/FiO₂ < 50 mmHg, avec FiO₂ ≥ 80 % pendant > 3 heures
 - PaO₂/FiO₂ < 80 mmHg, avec FiO₂ ≥ 80 % pendant > 6 heures
 - pH < 7,25 avec PaCO₂ > 60 mm Hg pendant > 6 heures en ventilation protectrice
 - incapacité à maintenir ventilation protectrice

Autre indication? (ex : fistule bronchopleurale) : _____

- Contre-indication absolue?**
- Arrêt cardiaque > 60 minutes
 - Condition pulmonaire irréversible si non candidat à la greffe
 - Dysfonction multi-organique sévère
 - Allo-GMO

CONTRE-INDICATIONS RELATIVES (Considérer éviter l'ECMO si > 2 contre-indications relatives)

- Âge > 70 ans
- Non-autonome
- Échelle de Fragilité clinique ≥ 4
- IMC ≥ 40
- Ventilation mécanique invasive > 7 jours
- Contre-indication à l'anticoagulation
- Saignement actif significatif ou risque élevé de saignement
- Saignement du système nerveux central
- Insuffisance rénale chronique sévère
- Cirrhose
- Maladie neurologique progressive
- Troubles cognitifs avec limitations fonctionnelles
- Maladie pulmonaire chronique
- Cancer actif

- Décision sur l'ECMO-VV :**
- Canulation maintenant
 - Pas de canulation maintenant mais serait un candidat potentiel
 - Pas de canulation (jamais)

DÉCISION CAS EXTRA-HOSPITALIER

Acceptation : Oui

Non : => Raison du refus :

- Pas assez malade => Suivi offert? Oui Non
- Atteinte pulmonaire irréversible / non candidat greffe
- Défaillance multi-organique
- Pas de lit disponible
- Pas de personnel disponible pour transport
- Autre : _____

Détails sur le refus :

- Transport :**
- Non-accompagné par médecin
 - Accompagné MD référent
 - TRIP-SDRA conventionnel
 - TRIP-SDRA ECMO-VV

Clinical Frailty Scale



1. Very fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2. Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.



3. Managing well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.



4. Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.



5. Mildly frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6. Moderately frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



7. Severely frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8. Very severely frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally III – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.