	Do you provide therapy services for children on ECMO?	Do you mobilize patients while they are on ECMO
A	Yes	ROM and positioning only
B	-	
C	PT and OT	We do PROM and positioning. AROM if alert and able, but usually they are sedated and on paralytics
D	Yes	Yes, if they are on VA ECMOC we are involved for passive/active assistive ROM as they are often more heavily sedated and always orally intubated. If a patient is on VV ECMO we have been able to do more mobilization even as far as getting EOB and transfers out of bed as sedation is lifted and if they are either trached or extubated.
E	-	

F		
	Yes, we do provide therapy services to kids on ECMO (OT, PT, SLP)	We call it ambulatory ECMO and if the patient is stable and alert we are walking them.
G	Almost never (very rarely)	Very rarely
H	Yes, but only when specifically requested most often for PROM txt.	We are currently in the midst of developing a protocol to mobilize these patients. We hope to have a tentative protocol and begin being more aggressive in our therapy with these patients by the end of the year
I	Yes	Yes, but it is very patient specific and when cleared by the medical team. We have started an early mobility program at Children's this past year.

J

PT: Yes OT: No

PT- Yes. In our CVICU unit, they are trying to decrease sedation and paralization drugs, one to decrease the effect off muscle atrophy, second to decrease the effect of immobilization and anasarca related problems. OT- We do work with infants on ECMO

How do you insure safety during a therapy session with a patient on ECMO?	What staff is present for a therapy session for a patient on ECMO?	How many patients on ECMO do you therapist see in a year (approximately?)
Nursing is present and monitors vitals. Tells therapist to stop, if needed.	Nursing	maybe 8-10
-	-	-
We communicate and collaborate closely with nursing and physicians. We clarify any precautions prior to moving the child and ask for nursing assistance as needed.	2 nurses	2-3. We see many kids after they are off ECMO. Only occasionally will they have us start while kids are still on it.
Our therapist are oriented to safety concerns of any population they are treating. There is typically an ECMO tech and/or RN present in room and if it is a VVECMO patient that we are moving around the ECMO tech is there to manage the ECMO cannulation catheters at all times.	See above.	Four-Six
-	-	-

		At present we have 2 kids in our intensive care unit on ECMO we are caring for but we will see those patients appropriate and ready for participation in intervention to assist with minimizing further deconiditioning and to assist with strengthening. We will see the number of patients in the space which varies from 0 to 1 to 2 or even 3 based on the milieu of the unit, there is no limiting number for ECMO.
Every patient on ECMO has a specialist monitoring the ECMO machine and a nurse 1:1 with them who remain present while we are within a therapy session, the entire team of professionals helps each other to insure the safety of the patient.	Please refer to above.	
Have the ECMO RN present at all times.	The ECMO RN	Approx. one
Our protocol involves having attendings present during mobilization or anything more aggressive than sitting up in bed. (e.g. sitting edge of bed, getting up to bedside chair, walking etc.)	Currently, an RN is present for ROM treatments or transitioning up to sitting while in bed.	Our caseload with ECMO patients varies widely. We will see 2-5 patients per year. Lately we have not seen many patients on ECMO, or they have just come off of ECMO prior to getting PT/OT involved.
The ECMO tech and the nurse always present during every session. If we are going to mobilize we have the ECMO team lead, the tech, the nurse and the Physician present in addition to the OT and PT. We also have safety checks lists that we use prior to any early mobility session.	ECMO team lead, the ECMO tech, the nurse, OT, PT and Physician present	This is variable depending on the census- maybe 15-20 (really not sure)

PT- Team collaboration. Therapy is to support nurse on patients needs. PT can provide assistance with the knowledge of better positioning to promote lymphatic drainage, chest expansion and diaphragmatic breathing, decreased muscle tension, inhibition of tonic labyrinthine reflex in extension that gives so many complications when trying extubation. So therapy need to be done when patient getting routine care, diaper change, bathing, postion change. Care need to be clustered so communication with nurse of best time. As for any patient in ICU, awareness of all connections, tubes, lines and how they can be jeopardized is imperative. OT- Safety ensured by minimal hands on and two nurses always in the room with ECMO protocol. Bedside nurse and ECMO nurse (at least one in the room at all times) possibly respiratory therapy as well	PT/OT - Usually, if therapist and positioning will be done during a position change, linen change you need nurse, RT and therapist. For routine care nurse and therapist.	PT/OT this year to date has been 5.