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Journal of Anaesthesia, Intensive Care and Emergency Medicine

Special Issue

ECMO in Emergency Department

Background: Recently, the application of extracorporeal membrane oxygenation (ECMO) in the field of cardiopulmonary surgery and intensive care unit is increasingly expanding. In particular, due to the development of biomedical technology, ECMO that can be used more easily by medical staff than in the past while reducing side effects and complications related to equipment are being used in the various medical fields. In addition to short-term application to patients with acute cardiorespiratory failure, ECMO plays a key role as a bridge therapy that enables heart or lung transplantation that was previously unimaginable for long-term chronic diseases. However, little is known about the application and use of ECMO in the emergency department (ED).

Importance: Since the emergency room is the primary place where patients who may need ECMO enter the hospital from the community, proper management of ECMO in the emergency department is very important until the patients are linked to the intensive care unit or operating room. In addition, in the situation of cardiopulmonary resuscitation (CPR), the core of emergency medicine, the application of ECMO is no longer an unfamiliar act, and rather, it is also seeking a position to change the paradigm of CPR.

Goal of the special issue:

a. Figure out the proper indications of ECMO in the prehospital or community field settings and suggest the protocol of ECMO transportation to the emergency department, especially considering the COVID-19 patients.

b. Figure out the proper management of ECMO such as in ARDS or sepsis, which are common clinical situations in the emergency department.

c. Understand the current evidence of ECMO during CPR (E-CPR).

d. Understand the various cannulation configuration in ECMO patients in the ED.

e. Find out the basic or translational research to link ECMO with nonclinical model in the area of emergency department.

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Interests: Extracorporeal oxygenation, Carbon dioxide removal, Acute respiratory distress syndrome, Septic shock, E-CPR, Emergency department, Nonclinical model, Intensive care unit

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