# Ethical Considerations for Care of the Child Undergoing Extracorporeal Membrane Oxygenation 1.4© www.aornjournal.org/content/cme

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# Purpose/Goal

To provide the learner with knowledge of best practices related to ethical considerations for the child undergoing extracorporeal membrane oxygenation (ECMO).

# **Objectives**

- 1. Discuss indications for the use of ECMO for children.
- 2. Explain the ECMO procedure and its associated complications.
- Discuss the ethical standards that the perioperative nurse and health care team should adhere to when caring for a child on ECMO.

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Martha A. Carter, BSN, RN, CNOR, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

The behavioral objectives for this program were created by Kristi Van Anderson, BSN, RN, CNOR, clinical editor, with consultation from Susan Bakewell, MS, RN-BC, director, Perioperative Education. Ms Van Anderson and Ms Bakewell have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

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# **ABSTRACT**

Extracorporeal membrane oxygenation (ECMO) is a complex, highly technical surgical procedure that can offer hope for children born with congenital heart defects. The procedure may only briefly prolong a life, has limited potential for decreasing mortality, and may lead to serious complications, however. Perioperative nurses play an important role in caring for the child who requires ECMO. They are involved in assessing the child, implementing the plan of care, and facilitating communication between the child's family members and the health care team. Thus, perioperative nurses have a responsibility to consider the broad range of ethical issues associated with the procedure. By examining the ethical concepts of beneficence, nonmaleficence, autonomy, justice, and moral distress, the perioperative nurse can better understand the dilemmas that can affect the care and outcome of the critically ill child who requires ECMO. AORN J 105 (February 2017) 148-158. © AORN, Inc., 2017. http://dx.doi.org/10.1016/j.aorn.2016.12.001

Key words: extracorporeal membrane oxygenation, Extracorporeal Life Support Organization, congenital heart defects, moral distress, end-of-life care.

ongenital heart defects are the most common types of birth defects, affecting approximately 1% of the population in the United States, or approximately 40,000 births per year. Approximately 25% of these congenital heart lesions are critical, requiring open heart surgery in the first year of life. The survival rate for children less than one year of age with critical lesions requiring open heart surgery is approximately 75%. Approximately 69% of children born with critical congenital heart disease are expected to reach 18 years of age. Although considerable advances have been made in surgical procedures, perfusion techniques, and intensive care treatments, many of these advancements carry the potential for serious complications.

One such advancement in the care of children with congenital heart disease is extracorporeal membrane oxygenation (ECMO). The ECMO procedure allows a machine to take over the work of the heart and lungs by pumping oxygenated blood throughout the body. This mechanical support makes it possible to keep a patient alive while allowing the heart to recover. Indications for the use of ECMO for children include

 diagnosis of primary pulmonary hypertension of the newborn, meconium aspiration syndrome, respiratory distress syndrome, group B streptococcal sepsis, asphyxia, or congenital diaphragmatic hernia;

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