

My Sister Is on ECMO for Pneumonia: Will She Come Off It?

Families' FAQ: "Is this normal, and will she be strong enough?" | Quick tip for families in intensive care

A woman's sister has been on ECMO for pneumonia for 5 days. When the team tried to lighten her sedation, her oxygen saturations and respiratory rate dropped. Here are the answers families in this situation need most.

Q. What is ECMO and why is it used for pneumonia?

ECMO (Extracorporeal Membrane Oxygenation) is a machine that temporarily takes over the job of the lungs, and sometimes the heart. In severe pneumonia the lungs are so inflamed that even a ventilator cannot deliver enough oxygen or remove enough carbon dioxide. ECMO circulates blood outside the body through an artificial membrane lung, oxygenates it and returns it. **VV-ECMO** gives the lungs time to rest and heal: a bridge to recovery, or in some cases to a transplant decision. It is a last resort, but people do survive and recover.

Q. Is it normal for saturations and breathing rate to drop when sedation is reduced?

Yes. Lightening sedation tests how much breathing work she can take on. A drop usually means her lungs have not recovered enough yet, the pneumonia is still in its acute phase, she is distressed or agitated (raising oxygen demand), or her respiratory muscles are weak after days of sedation and ventilation (ICU-acquired weakness). It does not mean she won't recover; it means she isn't ready to come off ECMO yet. **A failed weaning attempt is not a failure. It is data.** Trying a sedation wean on Day 5 is a positive sign the team is thinking about the way off ECMO.

Q. What are the treatment pathways?

1. Weaning off ECMO: flow and support are gradually reduced; if the lungs take over, the cannulas are removed and she continues on a ventilator toward extubation. This is the best outcome, more likely in younger patients without underlying lung disease whose infection is controlled. **2. Prolonged ECMO run:** weeks rather than days, with higher risks of bleeding, clotting, infection and neurological events. **3. Tracheostomy and long-term ventilation** if she can't be weaned from the ventilator. **4. Bridge to lung transplant** (see the transplant question). **5. Palliative care or withdrawal of treatment** if recovery isn't achievable or risks outweigh benefits.

Q. Will she be strong enough to come off ECMO?

Honestly, it depends, and only close clinical assessment can tell. Factors: the cause and severity of the pneumonia (bacterial, viral, fungal or aspiration), whether antibiotics or antivirals are working, whether lung damage is reversible inflammation or scarring (fibrosis), her age and baseline lung function, other organ function (kidneys, heart, liver, brain), time on ECMO and any complications, and weaning trial results (oxygen levels, lung compliance, respiratory effort). You should be getting clear, specific answers on each.

Q. Could a lung transplant be an option?

If the lungs are severely and irreversibly damaged, ECMO can act as a **bridge to transplant** while an assessment is completed. It is highly specialized, offered at few centers, and not suitable for everyone. The ICU team may not raise it. If she has been on ECMO for **7 to 10 days** with little lung recovery and no clear reversible cause, ask: "Has a lung transplant assessment been considered, and if not, why not?" A transfer or specialist consult may need to be requested urgently.

Q. What should we ask for right now?

1. Medical records immediately: daily nursing and medical notes, ECMO flow and pressures, blood gases, X-rays, CT scans and the team's documented reasoning. **2. A family meeting** with the ECMO specialist, intensivist, respiratory team and physiotherapist. Ask: what are the criteria for weaning off ECMO? What do you expect over the next 7-14 days? What is the plan if weaning fails? **3. Independent clinical support.** **4. Understanding of long-term options** now, not later.

Q. What if she can't be weaned off the ventilator after ECMO?

There is life outside the ICU. **Intensive Care at Home** (Australia's only third-party accredited intensive care at home nursing service) provides 24/7 Critical Care nurse-led care for invasive (tracheostomy) or non-invasive (CPAP/BiPAP) ventilation, home weaning programs and palliative ventilation, with NDIS-funded and private packages. Call **1300 921 536** (Australia); families in the USA, UK, Canada, India and elsewhere are welcome to reach out.

Need independent expert advocacy? Intensive Care Hotline can help.

Patrik Hutzl brings 25 years of critical care nursing experience. We review records, join a consulting call with the ICU team, help you understand treatment options and advocate for your loved one. [intensivecarehotline.com](https://www.intensivecarehotline.com) | support@intensivecarehotline.com | [intensivecareathome.com](https://www.intensivecareathome.com)

General information for families, not a substitute for advice from your loved one's treating medical team.