

Ventricular Assist Device (VAD) Protocol

Upon Patient Arrival

- ▶ Assess for alarms- If device alarming, **contact VAD Coordinator** for emergency consult at **612-916-6638** (Accessible 24/7) Emergency alarm guide located in patient's emergency bag
- ▶ Assess perfusion: Mental status, breathing, skin color and temperature.
- ▶ Assess vital signs:
 - ▶ Determine Mean Arterial Pressure (MAP) -Normal range 60-85 mmHg, treat MAP only. If MAP is > 100, discuss with VAD coordinator
 - ▶ EKG typically not affected but may display artifact
 - ▶ There may or may not be a palpable pulse
 - ▶ Oxygen saturation may not be accurate due to lack of pulse. Use ETCO2 and arterial line whenever possible with a non-responsive VAD patient
- ▶ Listen to the chest to assess device running, should hear a whirling (hum) sound.

Treatment for Poor Perfusion

- ▶ Confirm code status
- ▶ Confirm absence of perfusion – remember no palpable pulse does NOT always mean no perfusion
- ▶ Follow hospital protocol for cardiac arrest resuscitation, including defibrillation, ventilation, chest compressions and medications
- ▶ Chest compressions:
 - ▶ VAD patients SHOULD receive chest compressions if there are signs of inadequate perfusion
 - ▶ Compression device may be used if > 6 weeks from sternotomy. Assume > 6 weeks if alone or chest incision is healed
 - ▶ VAD patients should not receive chest compressions with adequate signs of perfusion, despite lack of pulse
- ▶ Volume: Consider 500-1000 cc fluid if concern for decreased preload.

Additional Instructions:

- ▶ DO NOT give anticoagulation reversal without talking to VAD provider
- ▶ DO NOT give anticoagulation or lytics without talking to VAD provider
- ▶ VAD patients should only be admitted to Abbott Northwestern Hospital
- ▶ Transport to implanting VAD center when possible. Secure equipment to stretcher. Allow trained caregiver to ride with patient if needed. Arrange for ground or air transportation.



"Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization under Minn. Stat. §145.61 et. seq., and are subject to the limitations described at Minn. Stat. §145.65."

This information is intended only as a guideline. Please use your best judgment in the treatment of patients.