# Mechanical Circulatory Support LVAD, RVAD, and Bi-VAD



### **History**

- SAMPLE
- Bridge to transplant
- Destination therapy
- Estimated downtime
- LVAD, RVAD, Bi-Vad, TAH
- DNR, MOST, or Living Will
- Contact with LVAD coordinator

## Signs and Symptoms

- Unconsciousness
- Pulseless
- Apneic
- Poor capillary refill / skin color
- AMS or decreased mental status
- No electrical activity on ECG
- No heart tones on auscultation

#### **Differential**

- See Reversible Causes below
- Infection/Sepsis
- Hypovolemia
- Cardiac arrest
- Hemorrhage

YES▶

#### Contact VAD coordinator:

- As quickly as possible for troubleshooting and treatment advice, but do not delay emergency treatment
- Follow patient specific emergency plan if present

Rapid assessment Check for signs of life Assess for adequate perfusion

> Criteria for Death / No Resuscitation

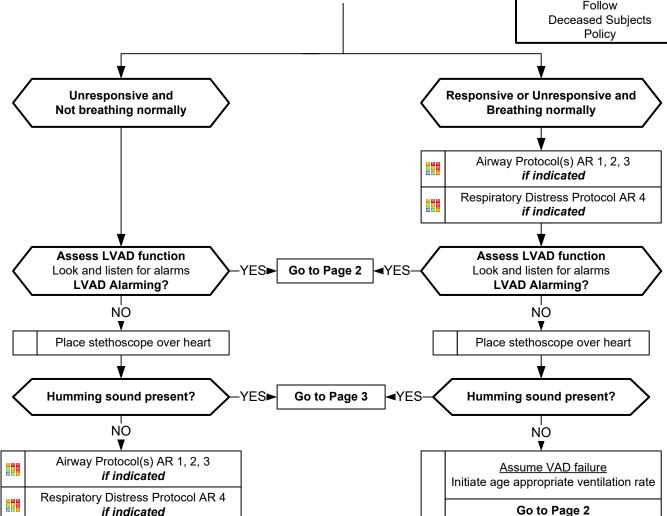
**Review DNR / MOST Form** 

NO

Decomposition Rigor mortis Dependent lividity Blunt force trauma Injury incompatible with life Extended downtime with asystole

Do not begin resuscitation

**Follow Deceased Subjects** Policy



Assume VAD failure Initiate age appropriate ventilation rate

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### **History**

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- DNR, MOST, or Living Will
- Contact with LVAD coordinator

## Signs and Symptoms

- \* Unconsciousness
- \* Pulseless
- \* Apneic
- ★ Poor capillary refill / skin color
- ★ AMS or decreased mental status
- No electrical activity on ECG
- No heart tones on auscultation

#### **Differential**

- See Reversible Causes below
- Infection/Sepsis
- Hypovolemia
- \* Cardiac arrest
- Hemorrhage

