

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

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

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

Do not begin resuscitation

Follow
Deceased Subjects
Policy

NO

**Unresponsive and
Not breathing normally**

Assess LVAD function
Look and listen for alarms
LVAD Alarming?

NO

Place stethoscope over heart

Humming sound present?

NO

Airway Protocol(s) AR 1, 2, 3
if indicated
Respiratory Distress Protocol AR 4
if indicated

Assume VAD failure
Initiate age appropriate ventilation rate

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**Responsive or Unresponsive and
Breathing normally**

Airway Protocol(s) AR 1, 2, 3
if indicated

Respiratory Distress Protocol AR 4
if indicated

Assess LVAD function
Look and listen for alarms
LVAD Alarming?

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Humming sound present?

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Assume VAD failure
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