



**INSTITUT JANTUNG NEGARA**  
**National Heart Institute**

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PATIENT'S INFORMATION  
(Please Stick Label)

**VAD DEVICE INTERROGATION**

Date follow up/review : \_\_\_\_\_

Diagnosis : \_\_\_\_\_

Operation : \_\_\_\_\_

Type of VAD device implanted : \_\_\_\_\_

VAD implanted date : \_\_\_\_\_

**VAD SYSTEM CURRENT SETTING & PARAMETERS**

HeartMate II	
Pump Flow	L/min
Pump Speed	rpm
Low Pump Speed	rpm
Pulsatility Index	
Pump Power	watts
PI Event	

HeartWare	
Pump Flow	L/min
Pump Speed	rpm
Pump Power	watts
Flow Pulsatility	
Hematocrit	%
Lavare Cycle	On / Off
Suction	On / Off
Low Flow Alarm	
High Power Alarm	

**Vital Sign**

Mean BP : \_\_\_\_\_ mmHg

Temperature : \_\_\_\_\_ °C

Respiration : \_\_\_\_\_

Body Weight : \_\_\_\_\_ Kg

HB : \_\_\_\_\_ g/dl

HCT : \_\_\_\_\_ %

Warfarin dose : \_\_\_\_\_ mg

INR Resul : \_\_\_\_\_

Coaguchek : \_\_\_\_\_

**2D Echo**

Date of 2D Echo done : \_\_\_\_\_

LVIDd : \_\_\_\_\_ RVIDd : \_\_\_\_\_

LVIDs : \_\_\_\_\_ TAPSE : \_\_\_\_\_

LV EF : \_\_\_\_\_ RV EF : \_\_\_\_\_

Septum Movement : Leftward shift / Nill

**Aortic Valve Opening :**

Closed all the time / Opening every beat/

Open Every \_\_\_\_\_ beat

**Velocity**

Inflow Cannula : \_\_\_\_\_ cm/sec

Outflow Cannula : \_\_\_\_\_ cm/sec

Assess for clot : Yes / No

VAD Exit Site : \_\_\_\_\_

Remarks :

## VAD DEVICE INTERROGATION

Device Interrogation			Remarks
1	Device Operation	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
2	Perform System Controller self test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
3	Inspection of the percutaneous lead	<input type="checkbox"/> Intact <input type="checkbox"/> Damaged	
4	Percutaneous lock is in the lock position & secure tightly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Check on Power cable pin & connection	<input type="checkbox"/> Intact <input type="checkbox"/> Broken	
6	Check on Alarm status	<input type="checkbox"/> Normal alarm <input type="checkbox"/> Hazard alarm	
7	Check on Data Trend	<input type="checkbox"/> Consistent <input type="checkbox"/> Variation	
8	Auscultate pump sound	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Patient Interrogation</b>			
1	Patient status - mental & physical	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
2	Any suction event or low flow alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Any complaint such as : dizziness, SOB, blur vision, tinnitus, numbness or weakness of limbs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Any unusual bleeding or bruise	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Activity daily living (ADL) at home	<input type="checkbox"/> Able <input type="checkbox"/> Disable	
6	Awareness on device care	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
7	Nutritional status	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
8	Others (please describe)		
<b>Patient Competency Assessment</b>			
1	VAD system operation	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
2	Alarms trouble shooting	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
3	Changing System Controller	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
4	Charge, change & check battery status	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
5	Knowledge on device care / maintenance	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<b>Reminder / Counseling given to patient</b>			<b>v as appropriated</b>
1	Call or readmit to hospital anytime if encountered unwell, VAD exit site infection, device malfunction, hazard or unresolved alarms		
2	Bring along 2 back-up batteries at all times whenever outing		
3	Driveline Exit Site Care - keep dry & clean		
4	Coaguchek - Twice a week ( Monday & Friday ) Keep INR 2-3		
5	Emphasis on important of taking prescribed medications on regular basics especially Warfarin		
6	Monitor & record VAD Parameters daily		
7	Check equipment daily		
8	No water splash on controller or battery		
9	No CPR, No MRI		

Assessed By : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_