

Nursing Guidelines

for care of a UR LVAD patient at a skilled nursing facility

VAD Clinic Hours Monday-Friday 8:00-4:30
Phone: 585-273-3760, Fax: 585-273-1129

After hours calls will be paged out to on call coordinator.

Daily Assessment by Nurses:

1. Vital signs including doppler BP (goal 70-90). If pt has strong radial pulse, utilize automated cuff and calculate MAP. Goal MAP <90.
2. Check heart sounds: hum over LV apex
3. Check peripheral pulses: likely absent or weak radial pulse
4. Self-test pocket controller (and power module if applicable)
5. Check controller alarm history
5. Record VAD numbers
6. Weight in the am.
7. Assess driveline dressing. Assess exit site when changing dressing.
8. Identify presence of backup controller and 2 charged batteries.

Weekly Assessment and PRN

Equipment maintenance check

Lab work*:

- CBC: monitoring for infection, anemia
- BMP: monitoring kidney function
- INR: stroke, bleeding prevention
- LDH: monitors for hemolysis

*Some patients may have additional labs ordered such as LFT, CRP, Magnesium

When to call SNF APP

1. Nosebleed lasting more than 1 hour, sudden drop in HGB/HCT
2. Falls, weakness
3. Fever
4. Signs or symptoms of stroke.
5. MAP <65 or >100

When to call VAD office

1. Equipment malfunction
2. Broken equipment
3. Pump power 2 watts either up or down from baseline
4. Alarms noted on history
5. Driveline infection concerns
6. Weight gain 5lb/24hr with presence of increased edema or ascites
7. Clinical concerns

When to urgently call SNF APP and VAD office:

- *Acute shortness of breath +/- new edema
- *Tea or coke colored urine
- *VAD alarms
- *Falls
- *S/S stroke

MEDICINE *of* THE HIGHEST ORDER

AHP SNF 6/2021



UNIVERSITY *of*
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MEDICAL CENTER

VAD Guidelines for MD/APP :

- 1. Bleeding** (e.g. nose bleed or drop in Hgb): check INR, If INR >3: **Call VAD coordinator for collaboration**
Reverse with FFP only. (GOAL INR 2-3) *No Kcentra/Vitamin K without VAD clinic approval*
- 2. Fall/weakness:** evaluate patient, get stat head CT, INR if hits head.
- 3. Doppler BP > 100:** add antihypertensive, goal BP is 70-90
- 4. Doppler BP < 70 and patient is symptomatic:** **Call VAD clinic for collaboration**
- 5. Dark urine:** Workup for hemolysis by sending CMP, CBC, LDH, INR : **Call VAD clinic for collaboration**
- 6. Fever:** **Check drive line site** in addition to usual infectious work up
- 7. Weight gain > 3lbs/day or other signs/sx of CHF:** **Call VAD clinic for collaboration, testing likely to include:**
cxr, cmp, cbc, INR, LDH

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