**VAD Stroke Prevention Daily Rounds Checklist *Date****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***For ANY changes in the patient and these parameters please call the VAD team at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**For signs or symptoms of acute stroke please activate stroke response team at** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Neurologic Status:***

My baseline neurologic exam is: (be as descriptive as possible)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Antithrombotic Therapy Goals:***

**Please discuss with the VAD team BEFORE starting, stopping, or adjusting any antithrombotic therapy**

**(*Circle and complete what applies*)**

My PTT goal is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My UFH/HAL goal is\_\_\_\_\_\_\_\_\_\_\_\_

My Anti-Xa goal is \_\_\_\_\_\_\_\_\_\_\_\_\_\_

My INR goal is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am on ASA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am also on additional anti platelet therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Coagulation Lab Schedule:***

Please draw my labs from**: (circle): Heparin naïve Artline / Peripheral stick / Heparin naïve CVL / Protocolized CVL**

Please draw my \_\_\_\_\_\_\_\_\_\_\_\_\_\_ every \_\_\_\_\_\_\_\_\_\_\_\_at the following time/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please draw my \_\_\_\_\_\_\_\_\_\_\_\_\_\_every \_\_\_\_\_\_\_\_\_ \_\_\_at the following time/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Daily Risk of Thrombosis:***

I am currently **(circle): Inflamed / On Steroid Therapy / On Antibiotics / No Concerns for Infection / Elevated Fibrinogen\_\_\_\_\_\_\_**

* **(If extracorporeal)** My pump’s thrombus is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check my pump every \_\_\_\_\_\_\_\_\_\_\_\_ for thrombus

* **(If continuous flow)** My LDH is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Plasma Free Hgb is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Blood Pressure Goals:***

My goal range is \_\_\_\_\_\_\_\_\_\_\_ mm Hg **(circle):** **MAP (opening pressure) / Systolic**

Please measure my blood pressure using: **(circle): Arterial line / Doppler / Manual**

Please treat my blood pressure if >\_\_\_\_\_\_\_\_\_\_\_\_\_ mm Hg

**COMPLETED AND READ BACK BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**