

## 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)

\_\_\_\_\_

### 2. 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. 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 \_\_\_\_\_

### 4. 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 \_\_\_\_\_

### 5. 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: \_\_\_\_\_