**<Month ##, 20##>**

**<To Whom it May Concern>,**

**Contact
Information

PATIENT DETAILS**

<Patient Name>

<Patient Address>

**VAD TEAM CONTACT AT** <Hospital Name>

<VAD Contact Name>

<000.000.0000>

<email>

This letter is to inform you that one of our patients, <PATIENT NAME>, is returning to school and has special healthcare needs.

<PATIENT NAME> is currently being followed at <HOSPITAL STE NAME> hospital for a diagnosis of <DIAGNOSIS>. <He/She> has a HeartMate 3TM Left Ventricular Assist Device or "heart pump,” which is implanted alongside the native heart and takes over the pumping function of a weakened heart to ensure good oxygen delivery to the entire body. The LVAD is considered a life-sustaining device. The heart pump has a cable that is tunneled under the skin and exits the upper abdomen, where it then connects to an external controller which is powered by batteries or a power adaptor requiring electricity. The patient is also maintained on blood thinners with Coumadin and Aspirin.

We have the following recommendations with respect to Activity, Diet, Medications, and Emergency Preparedness.

**Activity**In general, <PATIENT NAME> should be encouraged to do as much as he/she can tolerate, but should not be forced to do something that he/she is unable to do. We recommend that <PATIENT NAME> should be allowed to self-pace and have additional time between classes, as stamina may be limited. <PATIENT NAME> may also be heat intolerant and should be allowed to carry water or a sports beverage during school hours and use the restroom if needed.

**As the patient is on blood thinners, contact activities should be avoided as he/she may be more vulnerable to serious injury. The patient should also avoid any water activities or water exposure to the driveline.**

**Diet & Medications**
As this patient is on blood thinners, non-steroidal anti-inflammatory medications (Advil, Ibuprofen, Motrin) should be avoided as they can potentiate the effects of blood thinners. The patient and family have also been educated on limiting vitamin K containing foods, which can interact with the blood thinners.

**Emergency Preparedness**In the unlikely event of chest pain, rapid heart rate, fainting, or persistent VAD alarms, prompt medical attention is necessary.

**Due to the nature of this rotary pump (continuous flow), the patient will not have a palpable pulse and you will need a doppler to obtain a blood pressure**.

In the event of power failure or system malfunction or if the patient is unconscious and not breathing, you may initiate CPR and use standard BLS and PALS/ACLS protocols. Chest compressions are allowed. You may also defibrillate if indicated. Do NOT place paddles over the pump. You may defibrillate at the nipple line or above.

<PATIENT NAME> will require frequent medical visits throughout the duration of VAD support for monitoring anticoagulation therapy, optimizing medication regimen, and pump performance. Given <PATIENT NAME’s> health condition, <he/she> will benefit from accommodations at school such as additional time for assignment completion to ensure that he/she is adequately supported to excel in their learning environment.

Please join us in our effort to make <PATIENT NAME’s> life as normal as possible.

Feel free to contact the <HOSPITAL NAME> VAD Team with any questions concerns or training needs. Please contact our 24/7 call number at <PHONE> in the event of urgent questions or emergencies:

Sincerely,

**Ventricular Assist Device (VAD) Team at <HOSPITAL NAME>**