VAD Patient Care Instructions

If desired, add Hospital Logo here
(align logo to right margin)

Delete Text Box

for _____ **DOB:** _____
Patient Name *MM/DD/YYYY*

VAD Care Center: _____ **MRN:** _____

Diagnosis:		Implant Type:	
Medical & Surgical Hx:			

VAD Team Contact Information	**EMERGENCY VAD NUMBER: - -**
VAD Attending:	
VAD APRN/Coordinator:	

VAD FLOW PARAMETERS

RPM: _____

Flow (LPM): _____ LPM
Call for flow if < _____ LPM

PI: _____
Call for PI if > _____

Power: _____ watts
Call for power if > _____ watts

Notes:

ANTICOAGULATION

Goal INR: _____ - _____

Patient is on _____ therapy.
They are at risk for bleeding or clot formation.

Contact VAD Team if...
- INR > _____ and patient experiencing s/s of bleeding such as prolonged nosebleeds or dark, tarry stools.
- INR < _____ and patient experiencing s/s of pump clot such as elevated power or pink or cola colored urine.

Notes:

BLOOD PRESSURE

Goal BP: _____ - _____

Patient requires manual cuff and Doppler to measure BP.

Contact VAD Team if...
- BP < _____, check VAD Flows.
  Call team if VAD flow < _____ and BP < _____.
- BP > _____ x2 (15 minutes apart).
  May use oral medication to manage hypertension.

Notes:

DRIVELINE

Location:

Dressing Change Schedule:

- Ensure driveline is anchored to prevent pulling on skin or driveline site.
- Call for any drainage, redness, or pain at driveline site.

Notes:

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NEUROLOGICAL

History of Stroke ☐ *Yes* ☐ *No*

Monitor for stroke symptoms such as slurring words, numbness, facial drooping, or weakness on one side of the body.

Notes:

CARDIOVASCULAR

Monitor for heart failure signs and symptoms elevated heart rate, fatigue, swelling in extremities, weight gain, decreased appetite, or nausea/vomiting.

Notes:

RESPIRATORY

Baseline Respiratory Support

Goal 0_2 Saturation: _____ %

Monitor for respiratory failure due to heart failure such as difficulty breathing when lying flat, increased respiratory effort, increased respiratory rate, new onset cough, pink frothy secretions, discoloration, blueness in lips or fingernail beds.

Notes:

GI/GU

Goal Fluid Intake: _____ - _____ *liters per day*

Monitor for pink or cola colored urine—may indicate hemolysis.
Monitor for tarry stools or blody emesis—may indicate GI bleed.

Notes:

SOCIAL

Parent/Caregiver: _____

Phone Numbers
Home: _____
Mobile: _____

Address
Line 1 _____
Line 2 _____
City _____ *State* _____ *Zip Code* _____

Local Fire/EMS: _____

OTHER

Lab Schedule:

Notes: