

1 System Overview

A. How Your Heart Pump Works: Simple Overview

Completed Needs Review | Date:



TOPICS OVERVIEW

- Heart Pump
- Driveline
- System Controller – Pump Parameters
- Batteries and Clips
- Battery Charger
- Mobile Power Unit



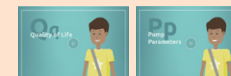
REVIEW

- ACTION Patient Education Handbook *(English or Español)*
 - » Review p. 11 (Patient Journey Map)
 - » Review p. 30–35, 39



WATCH

- *Quality of Life*
- *Pump Parameters*



2 System Components

A. Understanding the System Controller

Completed Needs Review | Date:



TOPICS OVERVIEW

- Power Connections
- Driveline
- Control Buttons (battery, display, & alarm silence buttons)
- Lighted Symbols (cable disconnect, status, and pump running symbols)
- Backup Battery:
 - To be used in emergencies only
 - Charges while connected to power



ACTION ITEM

- Perform daily system controller self-test:
- **Press and hold the battery button for 5 seconds**



REVIEW

- Abbott Heartmate 3™ Patient Handbook *(English)*
 - » Review p. 21–56



WATCH

- *Equipment*



B. Powering the System

Completed Needs Review | Date:



TOPICS OVERVIEW

- Lithium-ion Batteries
- Battery Charger
- Mobile Power Unit



ACTION ITEM

- Switching Power Sources:
- Half-moon connections
 - Switching one power source at a time

3 Alarms & Troubleshooting

A. Recognizing Alarms

Completed Needs Review | Date:



TOPICS OVERVIEW

- Advisory Alarms
- Hazard Alarms



ACTION ITEM

- Observe: **Controller visual and audio cues**



REVIEW

- ACTION Patient Education Handbook
» Review p. 35–37

B. Alarm Troubleshooting

Completed Needs Review | Date:



TOPICS OVERVIEW

Troubleshooting:

- Assess, Alert, Act “Triple A”
- Hazard Alarm



ACTION ITEM

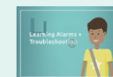
Perform:

- **Controller Change**
- **Driveline Switch**
- **Use a variety of power sources (battery, MPU)**



WATCH

- [Learning Alarms and Troubleshooting](#)



4 Living with the HeartMate 3™ LVAD

A. Stabilization Accessories

Completed Needs Review | Date:



TOPICS OVERVIEW

- Driveline Stabilization:
 - » Ensure dressing is intact
 - » Importance of stabilization device
- Showering with a Shower Bag
- Traveling and Transport
 - » Extra controller
 - » Extra batteries connected to clips
- Electrostatic Discharge
- Safe Sleeping
- Keeping Your Home Safe



ACTION ITEM

- Complete: **Dressing change**



REVIEW

- ACTION Patient Education Handbook
» Review p. 52, 61–66

4 Living with the HeartMate 3™ LVAD

B. Caring for System Equipment & Safety Checklists

Completed Needs Review | Date:



TOPICS OVERVIEW

- *General Care: care of controller, batteries, battery charger, carry and shower bags*
- *Completion of Safety Checks: before sleep, daily, weekly, monthly, 6 months, and yearly*



REVIEW

- *ACTION Patient Education Handbook » Review p. 38*

C. Nutrition, Hydration, Medicines

Completed Needs Review | Date:



TOPICS OVERVIEW

- *Foods to Avoid*
- *How Much to Drink*
- *Anticoagulation Management*



REVIEW

- *ACTION Patient Education Handbook » Review p. 46–51*

D. Daily Living

Completed Needs Review | Date:



TOPICS OVERVIEW

- *Sleeping Precautions*
- *Post-Operative Precautions*
- *Driving & Travel Restrictions*
- *Showering*
- *Post-VAD Intimacy*
- *Non-Prescription Drugs*
- *Depression/Anxiety Awareness*
- *Sex, Drugs, & Rock N Roll*

5 Managing Emergencies & Review Session

A. Handling an Emergency

Completed Needs Review | Date:



TOPICS OVERVIEW

- *What is an emergency? Bleeding, Stroke, Infection, Emergency Contact List*



REVIEW

- *ACTION Patient Education Handbook » Review p. 55–58, 69–72*

B. Assessment Preparation

Completed Needs Review | Date:



TOPICS OVERVIEW

- *System Overview: Written Test, Controller exchange, Alarms, Emergencies, Case-based scenarios*

Final Assessment



TOPICS OVERVIEW

- Parent Test
- Hands on Case-Based Scenarios
- Simulation



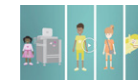
REVIEW

- Abbott Quiz
- Abbott Answer Key
- Abbott Checklist



WATCH

- Waiting for My New Heart – ACTION Waitlist Video



Congratulations!

Patient Name: _____ Medical Record Number: _____ Institution: _____

Caregiver 1 Name: _____ Caregiver 2 Name: _____

A qualified instructor has observed the _____ patient / _____ caregiver(s) (*check one*) successfully completed the **ACTION Patient Discharge Education Curriculum**

for the HeartMate 3™ on _____ . *yes / no (check one)*
(DATE)

 PATIENT NAME (PRINT)

 (SIGN)

 (DATE)

 CAREGIVER 1 NAME (PRINT)

 (SIGN)

 (DATE)

 CAREGIVER 2 NAME (PRINT)

 (SIGN)

 (DATE)

 INSTRUCTOR NAME (PRINT)

 (SIGN)

 (DATE)