HeartMate 3™LVAD Algorithms & Care Guide



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Pump Settings

Optimizing Pump Function

System Controller

Controller Change-Out

FLOW: Liters Per Minute (LPM)

Flow is estimated by the power used at a set speed. Increased speed should increase flow. SPEED: Revolutions per Minute (RPM)

Indicates rotor speed: can only be changed when the patient is connected to the system monitor.



POWER:

Watts Power used to rotate the rotor, pushing blood through the pump.

PULSATILITY INDEX (PI):

As the ventricle contracts during systole and pressure increases, the PI reflects the cardiac pulsatility and the level of support provided by the pump. It is calculated by:

Power MAX - Power MIN Power AVG

Pulsatility Index *Typical Range 3–5*

Low PI	Speed too high, Aortic Insufficiency, Inflow Obstruction, Late Tamponade	
High Pl	Hypovolemia, Pneumothorax, Hypertension, Tamponade, Arrhythmia, Right Heart Failure, Speed too low	

Flow Typical Range 3–6 LPM

Low	Hypovolemia, Hypertension,	
Flow	Tamponade, Right Heart Failure	
High Flow	Aortic Insufficiency, Fully offloaded I	

Power *Typical Range 3–6 W*

Low Power	Inflow Obstruction (gradual)	
High	Pump Thrombus, Thromboembolism,	
Power	Aortic Insufficiency	

• Constantly monitors and provides power to the device via the driveline

- Pump settings are viewable on the screen using the display button
- Alerts are audio and visual—if an alarm is present, a symbol will illuminate and the alarm type and instructions will appear on the screen



Controller Failure

*Will reauire emeraent controller exchanae



- 1. Connect the **back-up controller** to a power source (batteries with clips, power module/ monitor, or home mobile power unit)
- 2. Open the **safety lock** on the malfunctioning controller and press the **red button** to release the driveline—while pressing the red button, pull the driveline out of the malfunctioning controller
- 3. On the new backup controller, line up the driveline arrow to the controller arrow, (ensure modular connector intact) and insert driveline into new controller until vou hear a "click" check that the pumping running symbol is green indicating the pump is turned on (pump settings will transfer to new controller automatically)
- 4. Remember to close safety lock once the driveline is engaged

Circulation & Function

Patient is Unresponsive

Inadequate Perfusion

Evaluate HM3 Function:

· Check all connections

· Look/listen for alarms

Attempt to restart HM3

Change power source

· Ensure driveline is

Replace system

connected

controller

HM3 NOT

functioning

Did the

LVAD

restart

· Listen for VAD hum

НМ3

functioning

Adequate Perfusion

Evaluate and treat other causes

for altered mental status:

stroke, hypoglycemia,

hypoxemia, sedation

Support hemodynamics

Consider possible clinical

scenarios: tamponade.

sepsis, hemorrhage

YES

N/Z

Support

hemodynamics

MAP > 60

Capillary refill <2 sec

Pump parameters within normal limits

Alarms

Hazard: Red alarms (constant tone) are life-threatening and require immediate intervention—*Potential causes include:*

- Pump has stopped running, or controller has failed
- ♥ Low flow (<2.5LPM, low flow controllers <2.0LPM)
- Oriveline is disconnected or damaged, causing VAD to stop

Advisory: Yellow alarms (fast beeping tone) are important, but non-life-threatening—

Potential causes include:

- ♦ Low battery (less than 15 minutes)
-) 1 of the 2 power cables is disconnected
- Fault with Controller, System, or Pump



Pressing the mute button will silence glarms for 2 minutes.

Pump has stopped running, possibly because power has been disconnected or failed.

"Call Hospital Contact"

ACTION: Connect to

AND "Low Flow"

AND # flashing red

PUMP OFF

(solid black

power source. If not resolved, press any button on the Controller to attempt pump start, and immediately call care team. CONTROLLER HARDWARE FAULT

Controller is not functioning. Pump will operate as long as power is applied to the Controller and no other malfunction occurs. All alarms are not functional.

"Call Hospital Contact; Controller Fault" AND All Symbols are black AND All Controller buttons are non-functional ACTION: Call care team immediately for diagnosis and instructions. Switch

to backup Controller

if instructed.

Pump has stopped running and mobile power unit has failed, possibly due to static electricity.

PUMP STOP & NO EXTERNAL POWER

"Connect Power Immediately"

AND "Backup Battery"

AND of flashing red

flashing yellow (next to power cables)

∴ flashing red

Connect to charged batteries. If restoring power does not resolve, press any button on the Controller to

attempt pump start.

ACTION:

NO EXTERNAL POWER

Controller is not receiving power from either power cable. The pump is being powered by the Controller's backup battery.

"Connect Power Immediately" and Backup Battery graphic

AND proprinc

flashing yellow
(next to power cables)

ACTION: Connect to a working power source (Mobile Power Unit or two charged batteries) to ensure pump does not stop.

LOW BATTERY (less than 5 min)

Less than 5 minutes of battery power remains.

"Low Battery"

AND "Replace Power
Immediately"

AND plashing red

ACTION: Connect to working power source (Mobile Power Unit or two charged batteries).

DRIVELINE DISCONNECTED

Driveline is disconnected from the Controller or the connector is broken.

"Connect Driveline"

flashing red
flashing red
next to driveline

connector

(*) solid black

ACTION: Reconnect the Driveline to Controller. Move Driveline Safety Lock on the Controller to the locked position. Make sure Modular inline Connector is intact and secure.

- If alarm persists after reconnect, press any button on Controller to attempt pump start
- If alarm still persists, replace
- Controller with backup
 If alarm still persists, call care team

LOW FLOW

Pump flow is <2.5 LPM (for low flow controllers: <2.0 LPM)

"Call Hospital Contact"

AND

"Low Flow" alternate

AND

flashina red

Driveline is connected to the Controller and a power source is connected to the Controller. Call care team for diagnosis.

ACTION: Ensure

Emergency Care

Defibrillation or cardioversion
 should be performed if percentage

should be performed if necessary

Chest compressions should be
performed if needed



* Pulsatility should not be used for assessment of adequate perfusion as patient may not be pulsatile at baseline ** See AHA Guideline for further information at: www.ahajournals.org/doi/10.1161/CIR.0000000000000504

Perform CPR and

No need to adjust HM3

during defib or CPR

follow PALS/ACLS ← NO -

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