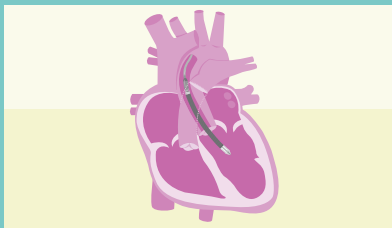


Impella® Left

CP & 5.5 with SmartAssist® Algorithms & Care Guide

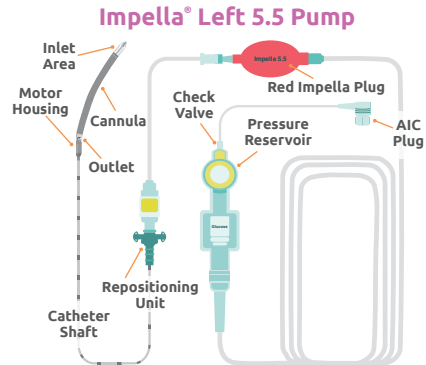


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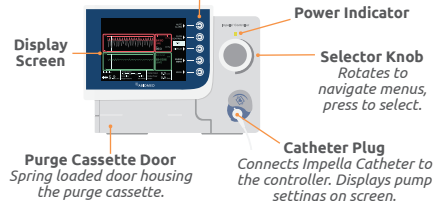
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Device Components



Automated Impella Controller (AIC)

Soft Buttons Display and close menu options. Functions change depending on screen.



Device Settings

CP Flow Rates

P-Level	Mean Flow Rate (L/min)
P-0	0.0
P-1	0.0 – 0.9
P-2	1.1 – 2.1
P-3	1.6 – 2.3
P-4	2.0 – 2.5
P-5	2.3 – 2.7
P-6	2.5 – 2.9
P-7	2.9 – 3.3
P-8	3.1 – 3.4
P-9	3.3 – 3.7

5.5 Flow Rates

P-Level	Mean Flow Rate (L/min)
P-0	0.0
P-1	0.0
P-2	0 – 1.9
P-3	1.1 – 2.7
P-4	1.9 – 3.3
P-5	2.8 – 3.7
P-6	3.4 – 4.1
P-7	3.9 – 4.5
P-8	4.3 – 4.9
P-9	5.0 – 5.5

Select the lowest P-level recommended (P-2 or higher) that will enable you to achieve the flow rate necessary for patient support.

Purge Management

Purge Fluid: Consists of D5W with 25 to 50IU/mL of heparin or D5W with 25 to 50 mEq/1L of sodium bicarbonate.

Purge Flow (2–30mL/hr): Regulated by the device, it represents the rate at which purge fluid is infused into the motor and delivered to the patient.

Purge Pressure (300–1100mmHg): Regulated by the device, the amount of pressure needed to push purge fluid through the pump motor.

Changing the Purge Fluid & Cassette:

- Change per institutional guidelines.

- Follow step-by-step instructions in the Purge Menu.



TROUBLE SHOOTING



Air Detected
AIC monitors for air in system. If detected, AIC signals an alert to disconnect luer and starts automatically de-airing the purge system.



Purge Pressure (<300 mmHg)
Inspect purge system for leaks. If none, increase purge fluid dextrose concentration. If it continues, replace purge cassette.



Purge Pressure (>1100mmHg)
Inspect purge system and catheter for kinks. If none, decrease purge fluid dextrose concentration to 5%. If it continues, replace purge cassette. If the problem persists, contact AbioMed rep and consider TPA administration.

Unresponsive Patient

Adequate Perfusion

Support hemodynamics
Assess for other causes: stroke, hypoglycemia, sedation, hypoxemia

Inadequate Perfusion

Support hemodynamics
Follow ACLS/PALS protocol
Reduce P-level during CPR

Assess Pump Function

Assess for other causes, but not limited to: sepsis, stroke, and bleeding

Impella functioning

Impella NOT functioning

AIC ON, IMPELLA STOPPED

CONTROLLER FAILURE

- Evaluate active alarms
- Assess patient volume status
- Confirm all connections secure
- Review the AIC screen for device placement and consider STAT echo
- Consider acute device thrombosis
- Refer to device failure algorithm

- Confirm all connections secure
- Refer to device failure algorithm
- Switch to backup controller

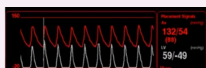
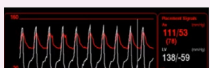
Suction

"Suction" Alarm

Reduce P-level by 1 or 2

Assess Volume Status
Order Echo to confirm position and RV function

Suction can result in:
Hemolysis OR Low Flow



Diastolic Suction

- Normal systolic pressure
- Negative diastolic pressure (recovers by end of diastole)
- Low diastolic flow

**Usually volume-related*

Continuous Suction

- Low systolic pressure
- Negative diastolic pressure
- Low systolic and diastolic flows
- Uncoupled Ao and LV waveforms

**Usually position-related*

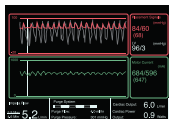
Pump Placement & Assessment

Device Dimensions	Impella CP	Impella 5.5
Drive Catheter Diameter	9 Fr	9 Fr
Overall Largest Pump Diameter	14 Fr	21 Fr
Cannula Length	11.6 cm	9.6 cm
Cannula Length+Motor	13.5 cm	11.4 cm
Left Ventricle Length	8.5 cm	6.0 cm
Aorta Length	7 cm	6.4 cm

Confirming Placement with Echocardiogram:

- Confirm position with transthoracic echo in the parasternal long axis window
- Correct position: catheter angled anteriorly toward the LV apex and away from the heart wall.
- Inlet position below the aortic valve:
CP = 3.5 cm 5.5 = 5 cm

AIC Placement Screen Waveforms



- **Aortic (red):** Fiber-optic sensor location relative to the aortic valve.
- **Ventricular (white):** Calculated waveform useful in managing the Impella.
- **Motor current (green):** Measures the energy intake of the motor relative to the aortic valve. Pulsatile currents, indicative of the cardiac cycle, confirm correct placement.

Device Failure

"Impella Stopped" Alarm

STABLE Patient

Restart at previous P-level

YES
RESTART

Echo: Assess position, RV Failure
Discuss pump replacement

YES
RESTART

NO
RESTART

Restart at P-2

NO
RESTART

Wait 1 Minute, Restart Again

NO
RESTART

Replace Pump

UNSTABLE Patient

Support Hemodynamics
Follow ACLS/PALS protocol
Reduce P-level during CPR

Signs of Impending Pump Failure:

- Persistent high or low purge pressure despite corrective measures
- Increasing or elevated motor current
- Decreased flow rates

Other Troubleshooting:

1. Confirm device is powered "on"
2. Ensure device is plugged into RED outlet
3. Check electrical outlet

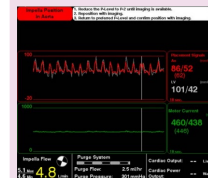
Device Malposition

STABLE Patient

Assess Placement Signal

Aortic Pressure

Motor Current Waveform: FLATTENED



Alarm: "Impella Position in Aorta"

Reduce to P-2
Obtain ECHO to assess position
Reposition per protocol

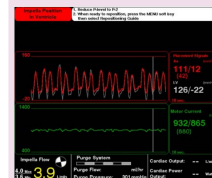
**If catheter is completely out of the ventricle, do not attempt to reposition without guidance.*

UNSTABLE Patient

Support Hemodynamics
Follow ACLS/PALS protocol
Reduce P-level during CPR

Ventricular Pressure

Motor Current Waveform: DECREASED PULSATILITY



Alarm: "Impella Position in Ventricle"

Hemolysis

Lab values and clinical exam consistent with Hemolysis.

Cause	Controller Indicator/Alarms	Action
Inlet prox. to intra-ventricular structure	"Suction", decreased flows	- Echo & Reposition - See "Suction"
Pump Malposition	Position alarms with decreased flows, "Impella Flow Reduced" "Placement Signal Low" "Suction", decreased flows	- Reduce P-level - Echo & Reposition - See "Suction" &/or "Device Malposition" - Placement Signal Low
Higher than needed P-level	No controller indicators "Impella Flow Reduced" "Suction", decreased flows	- Reduce P-level - See "Suction"
Inadequate Preload	Position alarms "Impella Flow Reduced" "Suction", decreased flows	- Reduce P-level - Assess vol. status - Echo - See "Suction" &/or "Device Malposition"

** "Impella Flow Reduced" alarm is specific to Impella CP/SA (in AUTO mode only)*