From MEDICAL & TRAUMA ASSESSMENT

Red heart alarm

Yes → Assist with trouble-shooting

No → Red heart alarm persists

Red heart alarm persists

Yes → LVAD functioning

No → Patient responsive

Yes → Initiate CPR

No → Consider discontinuing resuscitation if asystole persists beyond 20 min

TRANSPORT

Transport to closest appropriate facility

No → Transport time to SBGH less than 30 min

Yes → Bypass to SBGH ER

Contact LVAD Coordinator (204-237-2053)
INDICATIONS:
• Patient with left ventricular assist device (LVAD).

CONTRAINDICATIONS:
• None

NOTES:
LVAD patients and caregivers will be trained in trouble-shooting and management prior to hospital discharge and will have appropriate documentation with them at all times.

• EMS personnel should assist the patient and / or caregiver with LVAD trouble-shooting. Ensure that the pump is connected to the controller, the controller is connected to the power source, and the green indicator light is on. If the green power indicator is not lit, ensure the batteries are charged, or the power base & module are plugged into a working AC outlet. If not already done, contact the St. Boniface General Hospital (SBGH) VAD Coordinator, through the paging operator (204-237-2053).

• Patients with a functioning LVAD may not have palpable pulse, measurable BP or show pulse oximetry readings. Proper LVAD functioning is confirmed by auscultation of the left upper abdomen to confirm the presence of a continuous humming sound. Do not cardiovert tachyarrhythmias, pace bradyarrhythmias, or perform 12/15 lead ECG if LVAD is functioning.

• If the LVAD is not functioning and the patient is unresponsive, assume cardiopulmonary arrest. Initiate CPR with chest compressions and manual ventilations. Do not interrupt CPR to establish advanced airway or vascular access or to administer resuscitative drugs. If uncertain, assume LVAD is not working.

• If transport time to LVAD centre (St. Boniface General Hospital -SBGH) is estimated to be less than 30 minutes, maintain continuous CPR and initiate bypass to SBGH. Transport time must be estimated based on reasonably safe vehicular speed. Issues affecting provider and public safety such as road and weather conditions will be at the sole discretion of the vehicle operator.

• If transport time to SBGH is estimated to be greater than 30 minutes, transport to the closest appropriate facility. Maintain continuous CPR as long as possible.

• If documented asystole persists beyond twenty minutes, providers with appropriate delegation may consider terminating resuscitative efforts.