



Ventricular Assist Device (VAD)

INDICATIONS

Patient with an implanted VAD presenting with bleeding, thrombosis, infection, dysrhythmias or any other device-caused issue.

DEVICES

- Ventricular Assist Devices (VAD) can be for left, right or bilateral assistance.
- VADs may be pulsatile (first generation) or nonpulsatile (mostly Left Ventricular Assist Device – LVAD).

PROCEDURE

- Always consider and assess for non-VAD injuries, issues and complications.
- Assessment considerations:
 - Bleeding
 - Anxiety
 - Cavitation
 - Hypertension
 - Right ventricular dysfunction
 - Thrombosis
 - Left ventricular collapse
 - Portability
 - Hypotension
 - Portability Device failure or malfunction
 - Infection
 - VAD overdrive
 - Dysrhythmias
 - Depression
- First line therapy is volume replacement.
- **DO** initiate ACLS protocol if warranted. Cardioversion or defibrillation may restore needed flow to VAD.
- **DO NOT** perform CPR unless directed by a VAD Coordinator, physician or online medical control. CPR may or may not be indicated based on manufacturer's recommendations. A VAD patient in ventricular fibrillation (VF) may still be conscious and talking to you as the pump is still forcing blood to the brain.
- **DO NOT** use mechanical CPR devices.
- Pulse oximetry may be unreliable.
- **DO NOT** get distracted by the VAD for non-VAD issues.
- **DO NOT** disconnect both batteries at once.
- Your best resource in the event of a VAD issue is the VAD Coordinator or the patient's family/caregiver. Allow the caregiver to remain with the patient. Transport all VAD equipment, including spare batteries and controller, with the patient.
- VAD Coordinators:
 - Bon Secours – (804) 351-0553
 - Virginia Commonwealth University - (804) 828-4571
 - Sentara Heart Hospital - (757) 388-2831



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