

SKILLS

VENTRICULAR ASSIST DEVICE (S01)

FR/EMR

EMT

PARAMEDIC

Patients with a Ventricular Assist Device (VAD) may not have a palpable pulse or audible blood pressure. Prehospital EMS providers should rely upon the patient's level of consciousness, skin signs, capillary refill, etc. to make any clinical decisions. Using a stethoscope, a hum is audible in the left lower chest if the VAD is operating. *Treat the patient's complaint using the appropriate treatment guideline; the complaint may not be related to the patient's VAD.

Chest compressions are contraindicated in patients with VADs. Chest compressions may dislodge the VAD grafts, causing sudden death. A "driveline" cable, exiting the abdomen, connects the VAD to a controller/power supply; be careful not to allow anything to pull on the driveline. Do not kink or place any objects on the driveline. It should also be noted that many VAD patients, also have an implanted defibrillator and/or pacemaker.

Most VAD patients have a trained caretaker. Utilize his/her knowledge to assist with any troubleshooting. The patient or caretaker will advise EMS personnel of the preferred transport destination. VAD patients have a coordinator's number attached somewhere on the machine or carry bag. If the patient's condition does not warrant transportation to the VAD center or if there are any questions regarding appropriate destination, the base hospital shall be contacted for destination decision.

If transporting this patient, bring the power source (A/C)/batteries and chargers with the patient to the hospital. If at all feasible, allow the caretaker to accompany the patient.

***There are no absolute medication contraindications for VAD patients. If possible, however, avoid medications that reduce cardiac preload such as nitroglycerine, furosemide and/or morphine sulfate, as these patients are dependent upon preload.**

