Hypotensive VAD Patient (MAP <55)

Verify Device Functioning
- Obtain MAP using a doppler and occluding BP cuff
- Auscultate Whir
  - If yes, functioning
  - If no, likely not functioning
- If not functioning, discuss with heart failure cardiologist

Assess Patient
- Assess Rhythm
- Initial workup
- Assess VAD Parameters (frame with clinical context)
  - Decreased Flow
  - Elevated Flow
  - Elevated Power
  - Low PI
  - Power > 2 above baseline or > 10 absolute should increase suspicion for thrombus

Empiric Treatment
- 250-500mL IV Fluid Bolus
  - If concern for sepsis, 20-25mg/kg Vancomycin + Pseudomonas coverage
  - Consider suck down event or decreased LV function

Diagnosis Specific Treatment on Page 2

Initial Contact List:
- Assess Patient
- Assess Rhythm
- Initial workup
- Bedside Ultrasound
- ECG CBC with differential
  - Renal Profile
  - Type and Screen
  - Coagulation studies
  - Lactate Dehydrogenase
  - VBG + Lactate
  - Chest Radiograph
  - Urinalysis with micro
- IVC collapsibility
  - Assess overall cardiac function

Obtain ECG and treat dysrhythmias as you would in any other patient (per ACLS algorithms if unstable)

Mental Status Capillary Refill
- Warm or Cool extremities

CVICU Charge Nurse: Provides VAD & monitor / charger

VAD coordinator: Patient’s travel bag should have contact info

Have low threshold for invasive BP monitoring