Because there may be no palpable pulse, utilize other parameters for patient assessment (e.g. LOC, skin signs, capillary refill and EtCO₂).

- Minor medical or trauma with adequate perfusion
- Suspected stroke patients
- Suspected STEMI patients
- Suspected trauma patients
- Cardiac arrest or critical patients with unstable perfusion

Notify receiving facility. Contact Base Hospital for medical direction

Exit to appropriate TG and transport to any local receiving hospital

Exit to Suspected Stroke TG

Exit to Suspected STEMI TG

Exit to Trauma TGs

Assess the device

Assess the patient

Device information, implant center, and VAD Coordinator contact number may be located on the device itself, on the refrigerator, or medical alert bracelet

If a caregiver is present, yield to their advice.

The VAD Coordinator can assist you with determining the best course of action regarding assessment of the device. Only the Base Hospital is authorized to provide medical direction.

For continuous flow devices (no palpable pulse), auscultate the left upper quadrant of abdomen and listen for the “hum” of the device

- Determine if the device has power
  - If the device has power, it does not necessarily mean it is working properly
  - If the device has power, you will see a green light on the Heartmate II, the most common device
  - On the HeartWare device, the display will tell you the liters per minute of blood flow
- Check the device for secure connections and properly charged batteries
- If the pump is functioning, the problem is usually with the patient, not the device.

If the patient’s condition appears to be related to their VAD, and it is safe and reasonable, it is preferred to transport the patient to their Bay Area VAD Center unless the patient has an illness/injury unrelated to their device or is acutely ill, which warrants transport to a closer hospital.

Bay Area VAD Centers
- Stanford – Palo Alto
- Lucille Packard – Palo Alto
- California Pacific Med. Ctr. – SF
- UC San Francisco – SF
- Kaiser Santa Clara – Santa Clara
- UC Davis - Davis
**Pears**

- Patients may be cardioverted or defibrillated if symptomatic, but asymptomatic dysrhythmias do not require treatment.
- A VAD may become dislodged with chest compression, which may lead to massive hemorrhage. Do not perform chest compressions on patients with a VAD, even if the patient is unconscious.
- Treatment should otherwise follow appropriate treatment guidelines. Medical direction is provided by the Base Hospital only, but VAD Coordinators are a valuable resource when determining a destination and for troubleshooting device problems.
- Contact the Base Hospital if there are questions concerning destination. Use sound judgment when deciding method of transport. Not all VAD patients need to be transported by helicopter to their implantation center.
- If possible, the patient’s family member or caregiver should accompany the patient in the ambulance, and all related VAD equipment, including spare batteries, should also be transported with the patient.
- In arrest situations, determine if a POLST/DNR or advanced directive is available. Many VAD patients have made end of life care decisions.

### VAD CENTER 24-HOUR HOTLINE

<table>
<thead>
<tr>
<th>VAD CENTER</th>
<th>24-HOUR HOTLINE</th>
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<tbody>
<tr>
<td>Stanford Hospital</td>
<td>(650) 723-6661</td>
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<tr>
<td>Lucille Packard Children’s Hospital at Stanford*</td>
<td></td>
</tr>
<tr>
<td>California Pacific Medical Center</td>
<td>(415) 232-6057</td>
</tr>
<tr>
<td>UC San Francisco</td>
<td>(415) 443-5823</td>
</tr>
<tr>
<td>Kaiser Santa Clara</td>
<td>(408) 318-2387</td>
</tr>
<tr>
<td>UC Davis</td>
<td>(916) 734-2020</td>
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*Stanford Hospital and Lucille Packard Children’s Hospital at Stanford share the same VAD Coordinators