**Useful Dot Phrases for the ACS Rotation:**

LVAD Settings:

Current Setting:

Speed: \*\*\* RPMs

Flow: \*\*\* L/min

Pulsatility Index: \*\*\*

Power: \*\*\* Watts

Review of device function: Stable

Programming: No programming changes made.

LVAD:

# \*\*\* s/p LVAD \*\*\*

-

- Device: HeartMate II \*\*\* HeartWare

- LVAD Settings: Flow - \*\*\* Speed - \*\*\* Power - \*\*\*

- Plan: Destination therapy \*\*\* Bridge to Transplant

- Anticoagulation: Warfarin \*\*\*; Goal INR 2-2.5 + ASA 325 (HW) / ASA 81 (HM2)

- Goal MAP: 60 - 80

- Afterload reduction: \*\*\*

- Volume reduction: \*\*\*

LVAD problems:

# LVAD Alarm/Low Flow

- LVAD Settings: Flow - \*\*\* Speed - \*\*\* Power - \*\*\*

- LVAD Motor thrombus:

- Check LDH & haptoglobin to assess for clotting. INR goal \*\*\*,

- Bridge with heparin if not at goal

- LVAD cannula absolute/positional malposition

- TTE ordered

- CT-chest without contrast

- LVAD inflow/outflow thrombus:

- Check LDH & haptoglobin to assess for clotting. INR goal \*\*\*,

- Bridge with heparin if not at goal

- TTE ordered

- CT-chest with contrast: for both inflow and outflow cannula (may need to call radiology)

- Hemolysis with inaccurate viscosity: {HW device only}

- Check LDH, platelets, LFTs, haptoglobin & plasma free hemoglobin

- Transfuse as need for hemoglobin >7

- Right Heart Failure

- Check ECG to assess for arrhythmia

- TTE ordered

- Diurese if signs of volume overload

- Arrhythmia

- ECG to assess for arrhythmia leading to poor LV filling

- LVAD drive line fracture

- KUB ordered

- Hypertension

- Goal MAP 70-80

- Dehydration

- review volume status and recent diuretic use

- consider IVF trial

# Nose Bleed

- Afrin spray

- compression and cold compress

# GI Bleeding

- INR goal 1.8-2.2

- Hold warfarin and start heparin drip

- GI consult

# LVAD Driveline Infection

- if discharge: gram stain, aerobic/anaerobic culture, fungal culture

- blood cultures x2

- superficial ultrasound around drive line site to assess for fluid pockets

# LVAD Infection

- if discharge: gram stain, aerobic/anaerobic culture, fungal culture

- blood cultures x2

- superficial ultrasound around drive line site to assess for fluid pockets

- TTE ordered

- CXR, KUB ordered

# Acquired vWF Deficiency

- can give desmopressin if bleeding

- goal INR 1.8-2.2 if bleeding and can use heparin drip

- consider octreotide for upper GI bleed

# Aortic Regurgitation

- TTE ordered

- afterload reduction as tolerated

# Stroke/Brain Hemorrhage

- CT-head non-contrast

- Neurology consultation

- reverse anticoagulation if brain hemorrhage

Acute OHT rejection:

Concern for Acute Rejection:

- Place in ICU (esp if lower EF)

- Get Echo ASAP

- Telemetry

- 1 g solumedrol x3 days then: 0.5 mg/kg PO steroids weaned over 30 days back to 0.1 mg/kg steroids

- Monitor for arrythmias (bad sign) especially bradycardia, NSVT or VT

- Cytolytic therapy (antithyroglobulin) for mechanical support (IABP or ECMO) or some arrhythmias

- If on cyclosporin, plan to switch to prograf

- Continue mycophenolate

OHT workup:

Neurology: CT head w/o contrast; carotid US \*\*\*

Dental: Dental hygiene \*\*\*

CVTS: OHT screen \*\*\*

Pulmonary: CT chest w/o contrast, PFTs

GI: CRC screening \*\*\*

Nephrology: 24 hr urine protein, creatinine, micro-albumin

SW: \*\*\*

Dietician: \*\*\*

Palliative Care:

LVAD Team:

Pharmacology:

Gynecology: Not indicated

Psych: Not indicated

S/p OHT Tacrolimus Level Goals:

|  |  |  |  |
| --- | --- | --- | --- |
| Post Transplantation |  | Serum Creatinine |  |
|  | Less than 1.5 | 1.5 to 2.5 | > 2.5 |
| 0-6 Months | 12-15 | 10-12 | 10-12 |
| 6-12 Months | 10-12 | 8-10 | 6-8 |
| >12 Months | 8-10 | 6-8 | 5-7 |

s/p OHT Cyclosporine Level Goals:

|  |  |  |  |
| --- | --- | --- | --- |
| Post Transplantation |  | Serum Creatinine |  |
|  | Less than 1.5 | 1.5 to 2.5 | > 2.5 |
| 0-3 Months | 305-345 | 255-295 | 205-245 |
| 3-6 Months | 255-295 | **205-245** | 140-160 |
| 6-12 Months | 205-245 | 130-160 | 90-110 |
| >12 Months | 125-155 | 80-110 | 60-80 |

Sirolimus Goal: 5-10.

An approximate rule if on sirolimus and tacrolimus is the sum of both should be about 10. Tacrolimus goal is generally cut in ½. Please discuss with fellow, attending or NP if concerns.