

Ventricular Assist Device (VAD): Planning for Discharge



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

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For an electronic copy of this book, please visit go.osu.edu/pted4725.

This book is for informational purposes only. Talk to your healthcare provider if you have any questions about your care.

For more health information, go to wexnermedical.osu.edu/patiented or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

Contacting Us About Your Ventricular Assist Device (VAD)

Going home with your VAD

Now that your VAD device has been placed, we are here to support you.

While this treatment is designed to improve your life with heart failure, it also comes with challenges. You will have a new normal and we can help you through this. It will take time to adjust, but you can do it.

Ask your healthcare providers if there is anything that you do not understand.

When to call about your VAD

Call your VAD coordinator right away if you have any of the following:

- **VAD system** has unusual readings, alarms, or equipment problems.
- **You have signs of bleeding**, including:
 - Bright red or black, tarry stool
 - Nose bleeds
 - Bloody or dark tea colored urine
- **Severe headache**
- **Your driveline site may be infected.** Watch for:
 - Site is red, irritated, or swollen
 - Drainage from site
 - Area is hot to touch
 - Fever of 100.5 degrees F (38°C) or higher
- **INR (international normalized ratio) levels** are above or below your goal level. See page 10 to learn about this.

Never stop your warfarin without permission from the VAD team.

VAD contact information

Location:

Heart Transplant Office at Ross
Heart Hospital
452 W. 10th Ave., Suite 5216
Columbus, OH 43210

Hours:

8 a.m. to 4 p.m.
Monday through Friday

Phone:

614-293-3787 or
800-538-1886 toll free

For urgent VAD alarms or issues during hours listed above: press option 1

Fax: 614-293-9038

Emergencies

Use 911 for medical emergencies.

Urgent Issues After Hours

Calls to the VAD coordinator after business hours should only be for urgent issues or advice about your VAD.

Call (614) 293-3787 or toll free (800) 538-1886. Your call will be forwarded to the answering service. They will connect you directly with a VAD coordinator.

Scheduling Issues or Refills

For scheduling issues or medicine refills, please call the VAD office during the business hours listed above.

Living With Your VAD

Driveline site care

- Avoid dropping any VAD equipment because it can cause tugging or pulling at the driveline exit site. This can cause trauma and become infected.
- Always report any new drainage, redness, or pain at the driveline site to your VAD team.
- Never submerge yourself in water. This includes tub baths, hot tubs, pools, lakes, and other water.

Equipment care

- Prevent exposure to static electricity when possible. Use dryer sheets when doing laundry, wear rubber sole shoes/slippers indoors, and be careful around fleece.
- Protect your VAD controller and batteries when it is raining outside.
- Always keep your VAD equipment clean and untangle any twists or kinks in the cords.

Fluids levels

- The VAD needs a certain amount of fluid flowing through it to function properly.
- Dehydration from not drinking enough fluids or from losing fluid (such as from vomiting, diarrhea, or sweating) will lead to a low volume in your heart.
- You may have dizziness, tiredness, and get alarms from your VAD if there is not enough fluid.

Medicine

- If ANY new medicines are prescribed for you, please contact the VAD office to discuss this before starting the new medicine.
- Never take ibuprofen (Motrin, Advil, or other medicines that contain ibuprofen).
- It is okay to take acetaminophen (Tylenol).
- It is okay to take acetaminophen/chlorpheniramine/dextromethorphan for congestion, such as Coricidin HBP. This is an over-the-counter medicine.
- Never stop taking your warfarin (Coumadin or Jantovin) without talking to your VAD team.
- Call the VAD team if you have an appointment with a dentist. You may need to receive antibiotics before the appointment.

Appointments

Discuss any outpatient procedures scheduled for you with your VAD team ahead of time.

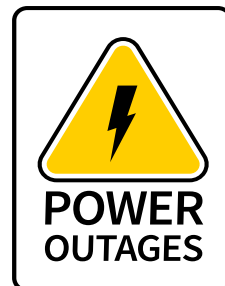
Travel

- Always travel with your back-up controller and extra batteries.
- Keep the resource/alarm guide pamphlets with your equipment in case you need to review it.
- **If your care team approves travel, visit [TSAcares.com](https://www.tsacares.com)** for information procedures aimed to help passengers with medical conditions.
- Always know where the closest VAD center is while you are away from home.

Planning for Non-Medical Emergencies

Be prepared for a power outage

- Keep batteries fully charged.
- Have a working flashlight.
- Have your electric company's phone number.
- Make a plan: Find one or more locations to charge your batteries for long power outages. This may be a nearby fire department or hospital. Confirm with them when and how you can do this.
- Check ahead of time with family and friends to ask if they have a source of power, such as a generator. They may also still have power when you do not.



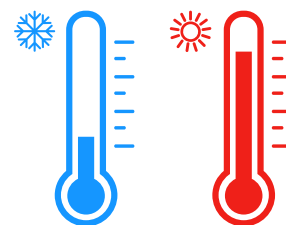
Keep medicines on hand

- Have at least a 1 week supply of medicines on hand at ALL times.
- Refill your prescriptions before you have just 1 week left.



Avoid extreme temperatures

- Be sure to never leave your extra VAD equipment in the extreme heat or cold, such as in a car on a hot day or cold night.



For more information about these, please contact your VAD coordinator.

Taking a Doppler Blood Pressure

What you will need

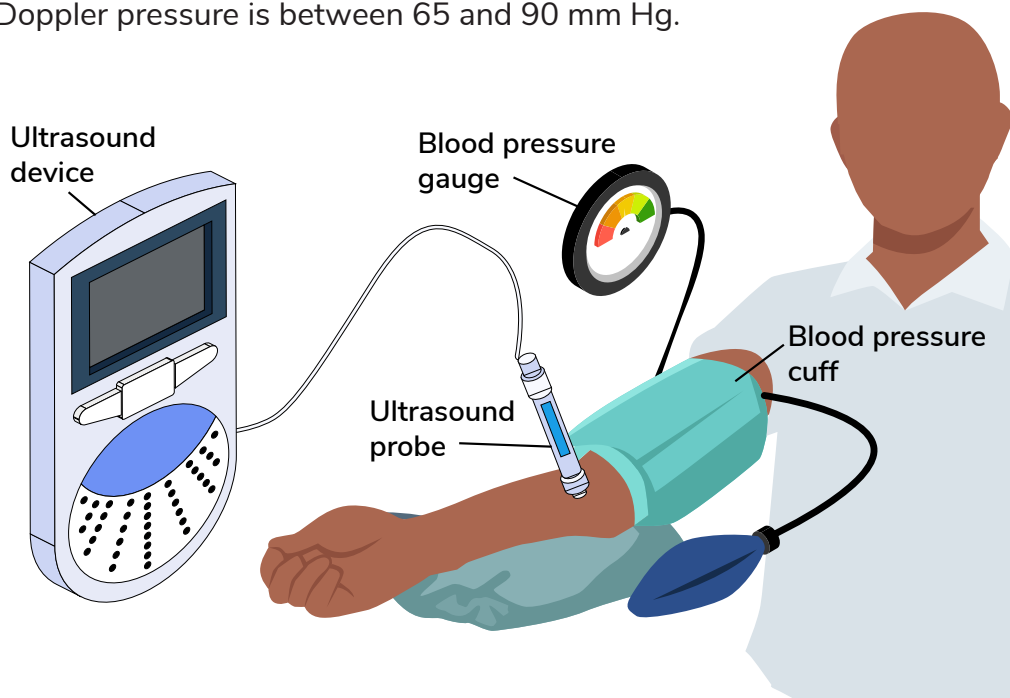
- Doppler
- Manual blood pressure cuff
- Gel

You should take all of your medicines as directed at least 1 hour before taking your Doppler blood pressure.

If your reading stays less than 65 mm Hg or above 90 mm Hg, please notify your VAD team. Note that pressure is measured by millimeters (mm) of mercury (Hg).

Steps for taking your Doppler blood pressure

1. Attach a manual blood pressure (BP) cuff to your arm.
2. Put a small amount of gel on your arm.
3. Use the Doppler probe to find your brachial artery (upper arm) pulse. You will hear a swishing sound when you have found your pulse. Leave the Doppler probe in place to keep hearing the sound of your pulse.
4. Inflate the cuff to over 140 mm Hg. You will stop hearing the pulse sound.
5. Open the valve slowly to deflate the cuff while keeping the Doppler probe over the brachial artery. Keep deflating the cuff to decrease the pressure until the sound returns.
6. The first time you hear the sound again, look at the gauge to see what number the needle is on. This is your Doppler blood pressure.
7. The goal for your Doppler pressure is between 65 and 90 mm Hg.



Taking Care of Your Dressing

About your dressing

The ventricular assist device (VAD) driveline dressing will be reinforced for the first 24 hours after surgery. After 24 hours, a gauze dressing will be applied and changed every day for the first 5 to 7 days after surgery. If you still have drainage after this time, you will continue to use a gauze dressing.

As the site heals and there is less bleeding and drainage, you will switch to a long term dressing called SorbaView.

A nurse specially trained to use the ventricular assist device will teach you and your caregiver how to change your dressing.

Look at the area carefully when you change the dressing. **Watch closely for signs of infection.**

Ways to prevent infection

- **Keep your hands clean.** Do not let anyone touch the area without first washing their hands and wearing gloves.
- **Handle the driveline gently.** Do not let it move around too much.
- **At home or in the hospital, clean the skin and driveline with each dressing change** to prevent infection.
- **When you shower:** Always use the shower bag, and cover the driveline exit site with the shower guard included in your kit. You can use plastic wrap if you do not have a shower guard. Always change your dressing right after you shower to help prevent infection.

If you have any of these signs of infection, call your doctor right away:

- Fever at or greater than 100.5 degrees F (38 degrees C)
- Redness
- Swelling
- Red streaks
- Yellow or green drainage or drainage that smells bad
- Warmth
- An increase in pain

Changing your dressing

Change your dressing as directed on the next 2 pages based on the dressing you have.

How to Change VAD Gauze Dressing

Gather these supplies

Clean a table with a household disinfectant. Place these supplies on the clean table:

- Alcohol based hand sanitizer or soap and water
- Gauze Driveline Management Kit

When to change your gauze dressing:

- At least once a day
- Any time the dressing becomes damp, loose, or soiled
- After every shower

Steps to follow every time

1. Wash your hands.
2. Open your kit and unroll the first fold.
3. Put on your mask. Have the patient put on a mask.
4. Put on the clean, unwrapped gloves.
5. Use the alcohol swabs to weaken the adhesive and remove the old dressing. Throw this dressing away and remove your gloves.
6. Wash your hands.
7. Put on the sterile, wrapped gloves.
8. Pick up the ChloroPrep swab and gently clean a wide area around the driveline. Spend 30 seconds gently scrubbing all 4 sides, moving from the driveline outward. **Allow to dry for 2 minutes.**
9. Repeat cleaning this area with the second ChloroPrep swab. **Allow to dry for 2 minutes.**
10. Take 1 split gauze and place it under the driveline.
11. Put 5 (4 inch x 4 inch) gauze sponges on top of the split gauze.
12. Apply skin prep to areas where the dressing adhesive will contact skin. **Allow to dry for 2 minutes.**
13. Center the adhesive dressing topper over the edges of the gauze and firmly smooth all edges.
14. Use the small closure adhesive to close the dressing over the site. Push up and under.
15. Place the driveline anchor device below the small closure adhesive and under the line. Press down to make sure it sticks to the skin.
16. Find the arrow on the base of the driveline anchor device. Pull the tab on the other side from the arrow to make an opening in the slit. Push the tab next to the arrow into this opening.
17. Holding onto both tabs, pull them in opposite directions until the first tab pulls through the slit, locking into place.

How to Change SorbaView Dressing

Gather these supplies

Clean a table with a household disinfectant. Place these supplies on the clean table:

- Alcohol based hand sanitizer or soap and water
- Gauze Driveline Management Kit

When to change your SorbaView dressing:

- **Every Monday and Thursday after you shower.** We recommend that you shower on Mondays and Thursdays only and do a sponge bath on the other days of the week.
- **Any time the dressing becomes damp, loose, or soiled.**

Steps to follow on Monday and Thursday dressing changes

1. Wash your hands.
2. Open your kit and unroll the first fold.
3. Put on your mask. Have the patient put on a mask.
4. Put on the clean, unwrapped gloves.
5. Use the alcohol swabs to weaken the adhesive and remove the old dressing. Throw this dressing away and remove your gloves.
6. Wash your hands.
7. Put on the sterile, wrapped gloves.
8. Pick up the ChloroPrep swab and gently clean a wide area around the driveline. Spend 30 seconds gently scrubbing all 4 sides, moving from the driveline outward. **Allow to dry for 2 minutes.**
9. Repeat cleaning the area with the second ChloroPrep swab. **Allow to dry for 2 minutes.**
10. Apply skin prep to areas where the dressing adhesive will contact skin. **Allow to dry for 2 minutes.**
11. Apply BioPatch Protective Disk (print side up) around your driveline exit site.
12. Apply SorbaView clear dressing over your driveline site. Line up the oval window with the exit site and make sure your driveline is covered right down the middle of the blue tracks.
13. Use the small closure adhesive to close the dressing over the site. Push up and under the driveline at the edge.
14. Place the driveline anchor device below the small closure adhesive and under the line. Press down to make sure it sticks to the skin.
15. Find the arrow on the base of the driveline anchor device. Pull the tab on the other side from the arrow to make an opening in the slit. Push the tab next to the arrow into this opening.
16. Holding onto both tabs, pull them in opposite directions until the first tab pulls through the slit, locking into place.

Blood Thinners and VADs

You were started on warfarin (blood thinner) during your hospital stay. This is a medicine that you will need to keep taking to help with thinning your blood.

Checking your level for the right dose

You will need to have the level of warfarin in your blood checked to know how to adjust your dose of warfarin. This is usually done 2 times each week until it is staying at a stable level. You will have this done by blood draws or finger sticks.

Your doctor will tell you a certain range to aim for your INR (international normalized ratio) to be. **Most patients range between 2.0 to 3.0, but this can vary for different reasons.**

Once your level has been checked, you will get instructions about your warfarin dose for the next few days until your next check.

You should be contacted about your level and dose

You will be contacted about what dose of warfarin you should be taking. Because there is a possible risk of bleeding or clotting, we want to keep you safe while taking this medicine. If you do not hear from someone about your warfarin dose, contact your VAD team.

Never stop taking warfarin without checking with VAD team

If you are going to have a procedure of any kind scheduled, contact your VAD team. Some procedures may instruct you to make changes to your medicines before the procedure. **NEVER stop taking or make any change to your warfarin without first contacting your VAD team to discuss this.** This is very important for your safety.

Diet and Warfarin

One of the biggest factors in managing your INR level with warfarin is your diet. There are some foods, including those rich in vitamin K, alcohol, some dietary and herbal supplements, as well as some medicines, that can affect the way warfarin works in your body.

Foods rich in vitamin K

To help warfarin work well, it is important to **keep the amount of vitamin K you are getting as consistent as possible**.

- A **large increase in vitamin K** can lower your INR to cause dangerous clotting in your blood.
- A **large decrease in vitamin K** can raise your INR to make it harder for your blood to clot. This could cause you to bleed too much. You do not need to avoid or follow a diet low in vitamin K while taking warfarin.

To keep your INR stable and within your recommended range:

- **Take warfarin exactly as your provider directed.**
- **Have your INR checked regularly.** The test is done at least monthly.
- **Keep your vitamin K intake consistent week to week.** For example, you may plan to eat ½ cup of foods rich in vitamin K per day. If you like to eat these foods and eat them often, you can eat them, but be consistent.
 - Do not make any major changes in your intake of foods rich in vitamin K. For example, if you eat a spinach salad every day, do not stop eating it entirely.
 - Discuss vitamin supplements with your provider. Do not take more than 1 supplement that contains vitamin K.

Foods Rich in Vitamin K		
Food	Food Amount	Vitamin K (mcg)
Kale, cooked	½ cup	531
Parsley, raw	½ cup	492
Spinach, cooked	½ cup	444
Mustard greens, cooked	½ cup	415
Collards, cooked	½ cup	387
Swiss chard, cooked	½ cup	287
Turnip greens, cooked	½ cup	265
Swiss chard, raw	½ cup	150
Brussels sprouts, cooked	½ cup	150
Broccoli, cooked	½ cup	110
Cabbage, cooked	½ cup	82



Foods Rich in Vitamin K		
Food	Food Amount	Vitamin K (mcg)
Collards, raw	½ cup	79
Brussels sprouts, raw	½ cup	78
Spinach, raw	½ cup	73
Mustard greens, raw	½ cup	72
Turnip greens, raw	½ cup	69
Endive, raw	½ cup	58
Kale, raw	½ cup	57
Broccoli, raw	½ cup	45
Tuna, canned in oil	3 ounces	37
Cabbage, raw	½ cup	34
Prunes, stewed	½ cup	33
Romaine lettuce, raw	½ cup	29
Green leaf lettuce	½ cup	23
Mayonnaise	1 tablespoon	23
Peas, cooked	½ cup	19
Avocado	½ cup	16
Asparagus	½ cup	16
Blackberries, raw	½ cup	15
Blueberries, raw	½ cup	15



Visit the U.S. Department of Agriculture's FoodData Central at <https://fdc.nal.usda.gov/> for vitamin K content of common foods.

If you greatly increase or decrease foods rich in vitamin K in your diet, let your provider know right away.

If your INR levels are hard to manage, meet with a dietitian to review the vitamin K content of your diet.

Cranberries:

Moderate amounts of cranberry products are fine, such as 1, 8-ounce glass of cranberry juice a day. Avoid eating or drinking large amounts of cranberries, cranberry juice, and cranberry supplements while taking warfarin.

Goji berries:

Goji berries may increase how long warfarin is in the body, increasing bruising and bleeding. Avoid eating large amounts of foods and teas containing goji berries while taking warfarin.

Grapefruit:

Do not eat grapefruit or drink grapefruit juice while taking warfarin.

Learn more

View “Diet When Taking Blood Thinners” at youtu.be/NsSZAwFKF9E.



Dietary and herbal supplements

Taking herbal supplements may cause problems and affect how your body uses warfarin.

Avoid these herbal supplements:

- Alfalfa
 - Arnica
 - Bilberry
 - Butchers broom
 - Cat's claw
 - Coenzyme Q10
 - Dong quai
 - Echinacea
 - Feverfew
 - Forskolin
 - Garlic
 - Ginger
 - Ginkgo biloba
 - Ginseng
 - Goldenseal
 - Horse chestnut
 - Inositol hexaphosphate
 - Licorice
 - Meililot (sweet clover)
 - Pau d'arco
 - Red clover
 - St. John's wort
 - Sweet woodruff
 - Turmeric
 - Wheat grass
 - Willow bark
- Use of herbs in cooking, such as garlic and ginger, are safe to eat while you are on warfarin.
 - Some vitamin and mineral supplements in large doses can affect your body's response to warfarin, such as taking more than 800 units of vitamin E a day.
 - It is safe to take an adult multivitamin each day that contains vitamin K, but do not take other supplements that contain vitamin K, such as a Viactiv calcium supplement.
 - **Always talk to your provider before starting, taking, or changing any herbal supplements, herbal teas, or dietary supplements.**

Liquid nutritional supplements

Liquid nutritional drinks like Ensure, Boost, and Glucerna have a low amount of vitamin K added to 8-ounce bottles. If you drink several of these bottles each day, your vitamin K level may increase and require your warfarin dose to be changed.

If you use these nutritional drinks, tell your provider that you are taking them since it may affect your warfarin dose.

Medicines

Some medicines can affect how warfarin works. **Ask your provider or pharmacist before you start or stop any medicine**, especially the following:

- Another anticoagulant (blood thinner) medicine
- Medicines to treat depression or anxiety
- Antibiotics
- Nonsteroidal anti-inflammatory drugs (NSAIDs) for pain or arthritis (check labels of over-the-counter medicines to find out if they contain NSAIDs)
- Steroid medicines

Smoking

Don't smoke. Smoking affects how the body uses warfarin, reducing warfarin's effects. Please tell your provider if you currently smoke or plan to change your smoking habits.

Marijuana and cannabis products

Tell your provider or pharmacist if you use marijuana or cannabis products. These can increase levels of warfarin and increase bleeding risk.

Alcohol

Alcohol can change how warfarin works. **Talk to your VAD team about alcohol use.**

Prevent Bleeding While Taking Blood Thinners

When you take blood thinners, you are at a higher risk for bleeding. It is important to always follow safety precautions. These medicines do not really “thin” your blood, but they do make it harder for a blood clot to form.

Safety precautions

- Blood thinners work best when they are taken as directed by your doctor. It is important to have blood tests done as ordered by your doctor.
- Tell your doctors, pharmacist, dentist, and any of your health care team members if you take blood thinners. Keep a current list of all your medicines with you. Make sure to include the dose, amount, and how often you take the medicine.
- Talk to your doctor or pharmacist before you take any new medicine to make sure it is safe for you to take with your blood thinner. This includes any vitamins or herbal supplements, prescription medicines, and over-the-counter medicines and remedies.
- **Do not** take any new medicines that may contain aspirin, such as pain relievers, or cold or stomach medicines.
- **If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in your stent.**

General tips to prevent bleeding

- **Prevent Falls and Other Injuries**
 - Make your home a safe environment and take steps to prevent falls.
 - Ask for help with walking.
 - Bending over, with your head lower than your shoulders, may cause you to get dizzy and fall. When you bend, make sure to bend your knees and keep your head up.
 - **Do not** play contact sports or do other activities where you could get hurt, such as football, hockey, or skiing.
 - Wear protective gear, such as helmets and elbow and knee pads, during non-contact sports.
- **Protect Your Skin**
 - Use an electric razor when you shave.
 - Wear gloves when you use sharp tools such as knives or scissors and when you work with plants or yard tools.
 - **Do not** walk barefoot or wear shoes with open toes, or flip-flops. Wear supportive shoes or non-skid slippers to protect your feet.
 - Keep your nails trimmed and clean.
 - Check your skin for any sores or open cuts that could bleed.

- **Do not** cut corns or calluses on your feet or hands. Talk to your doctor if you have these.
- **Do not** wear tight fitting clothes or elastic, such as tight socks, undergarments, or pantyhose.
- **Prevent Constipation**
 - Drink 8 to 10 cups of non-caffeinated fluid each day and eat a healthy diet.
 - **Do not** strain when having a bowel movement. Ask your doctor about a stool softener or a laxative that is safe to use.
 - **Do not** use enemas, suppositories, or harsh laxatives that could cause rectal bleeding.
 - Exercise to help with constipation.
- **Keep Your Mouth Healthy**
 - Use a soft toothbrush or WaterPik. **Do not** use harsh or abrasive toothpaste. Use waxed dental floss. **Do not** use toothpicks.
 - Check your mouth each day for bleeding or sores.
 - If you wear dentures or a retainer, remove these for at least 8 hours each day to give your mouth a rest. **Do not** wear dentures or retainers that do not fit well.
 - Talk to your doctor and your dentist about your medicines before you have any dental work done.
- **Prevent and Treat Nose Bleeds**
 - Use a humidifier to add moisture in the air, especially if you have the heat on in your home.
 - **Do not** blow your nose hard or with force.
 - Watch for nosebleeds, especially after you sneeze. If you have a nosebleed:
 - Apply pressure and ice to your nose and the back of your neck.
 - Sit with your head and body leaning forward. **Do not** lie down or put your head back.
 - If the bleeding lasts more than 30 minutes get medical care.

When to get medical care

You should get medical care right away if you have any of the following:

- Bleeding that does not stop or is very heavy
- A serious fall or injury to your head
- Severe headache, confusion, weakness, or numbness
- Coughing up blood
- Blood in vomit or vomit that looks like coffee grounds
- Menstrual bleeding or a period that is much heavier or lasts much longer than normal
- Red or dark brown colored urine
- Bowel movements that are red or black like tar
- Frequent nosebleeds
- Heavy bleeding from the gums
- Unusual bruising, swelling, or discomfort
- Severe stomach ache

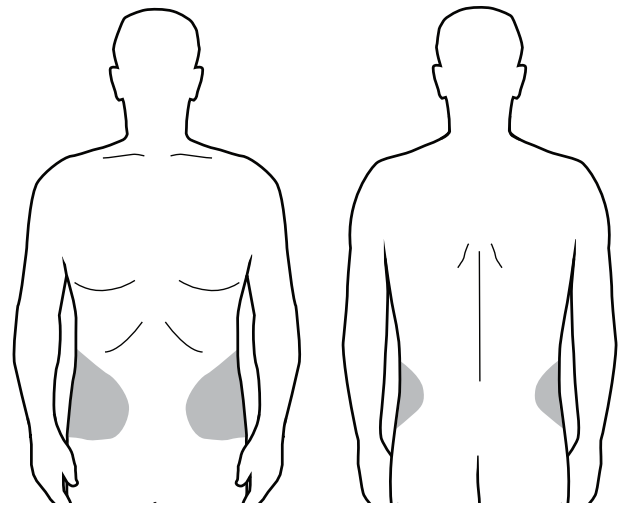
Enoxaparin Sodium (Lovenox) Subcutaneous Injection

About the injection

A subcutaneous injection, also called a “sub Q shot,” is given into the layers of the skin or fat. Your VAD team may give you instructions to inject enoxaparin sodium (Lovenox) 2 times each day, along with taking your warfarin pill, while you are waiting for your INR level to get into range. Your warfarin dose will likely need to be adjusted based on your INR results. Always call your VAD team to discuss this before starting enoxaparin sodium (Lovenox).

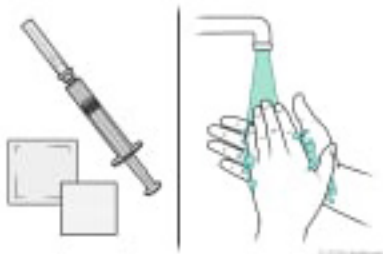
Select an injection site

- The areas to give the injections are the sides of your abdomen or stomach and around your waist toward your back.
- Use a different spot for each injection.
- Stay 1 inch away from any scar. Scars do not absorb the medicine.
- Stay 2 inches away from the navel (belly button).
- Do not use an area that is bruised, swollen, or tender.

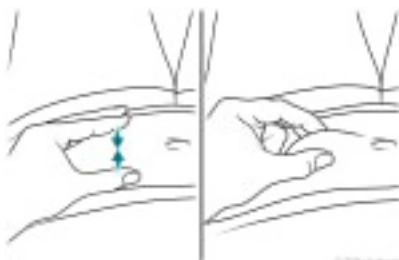


Gray areas are injection site options.

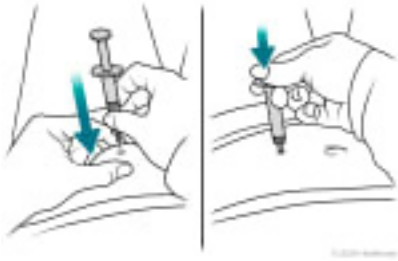
Giving the injection



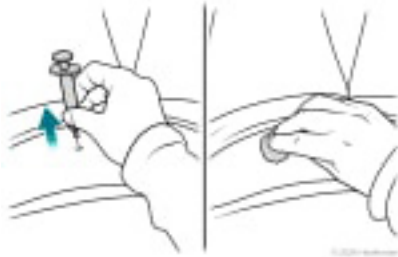
1. Wash your hands with soap and water.
2. Clean skin with an alcohol wipe. Allow to dry. Do not fan or blow on it.
3. Remove the needle cover.



4. Hold the syringe like a dart and gently pinch up the skin at the site.



5. With a quick motion, push the needle straight into the skin. Let go of the skin.
6. Inject the medicine slowly by pushing in the plunger. The slower rate may cause less bruising.



7. Remove the needle and apply an alcohol pad with pressure to the injection site for a few seconds. Hold this pressure longer if site is bleeding or oozing.



8. If the syringe has a needle shield, point the needle down and away from you and push on the plunger. You should hear a click as the shield comes over the needle.
9. Throw away the needle in a safe container.

My Questions Log

Use the space to write questions you have for upcoming VAD visits and the answers.

My Question: _____

Answer: _____

My Question: _____

Answer: _____

My Question: _____

Answer: _____

My Question: _____

Answer: _____

My Question: _____

Answer: _____

My Question: _____

Answer: _____

My Question: _____

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My Question: _____

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My Question: _____

Answer: _____

My Question: _____

Answer: _____

My Question: _____

Answer: _____

My Question: _____

Answer: _____

My Question: _____

Answer: _____

Keep guides from your VAD maker

Keep the guides and other information from the maker of your VAD in the pocket of this book to refer to as needed.

Keep track of your discharge instructions

Keep all of your discharge instructions in the pocket of this book.

These instructions include:

- Your upcoming follow up appointments. Be sure you know where you will be getting your INR (blood test) checked and when.
- Your latest INR results and warfarin (Coumadin) dosage.
- A new list of your current medicines.
 - Remember you will not go back to taking all the medicines you did before.
 - If you are in need of refills, please allow 3 to 5 days for office to refill.
- Diet instructions, including a heart healthy and warfarin friendly diet.
- When to call the VAD office with concerns.

Key terms to know

Flow: The amount of blood going through your pump measured in liter per minute (calculated number).

Speed: Set number by your VAD doctor. This is how fast the motor is set to work measured in revolutions per minute.

PI (pulsatility index): How much your own heart is working. It can also indicate volume status (calculated number).

Power: Measured in watts. This tells you how hard the pump is having to work (calculated number).

Remember

- Trends are important.
- Continue to monitor these numbers every day and call your VAD team with questions.

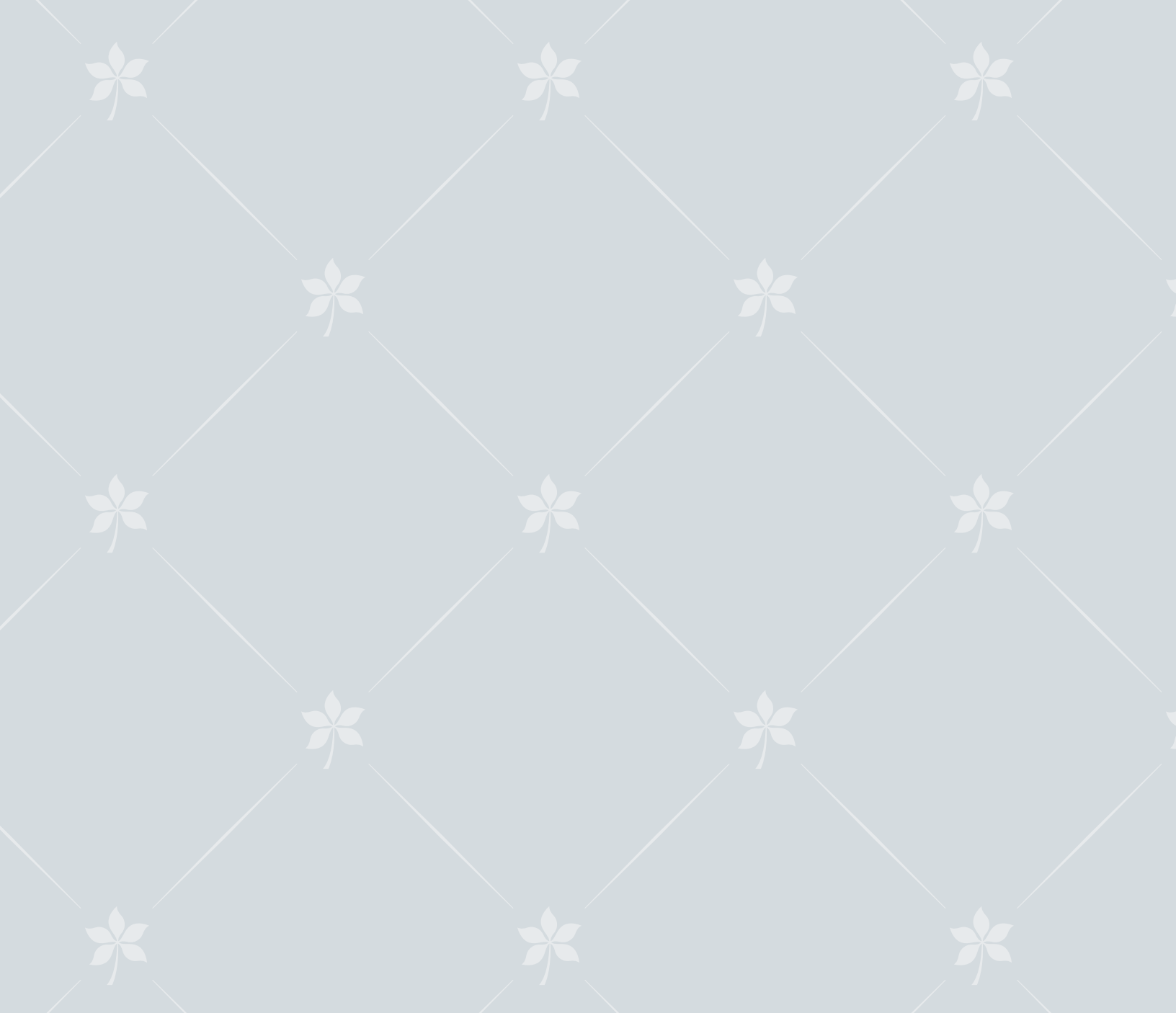
Helpful phone numbers

The Ohio State University Wexner Medical Center:

- Pacer Clinic: 614-293-8916
- Anticoagulation Management Clinic: 614-293-0932
- MyChart Help: 614-366-6975
- Ross Heart Hospital Scheduling: 614-293-7677 or 888-293-7677
- Electrophysiology: 614-293-7677
- Social Worker: 614-814-5452
- Palliative Care: 614-293-4299 option 6, and then 2
- Infectious Disease: 614-293-4854

Other:

- Acelis Connected Health: 866-683-7331



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