**Indications**

- For assessment, management, treatment, stabilization and/or transport of a patient with a VAD

**Critical Information**

- If defibrillation is needed, do not place pads over pt’s device
- Withhold chest compression unless the patient is pulseless, unconscious, and you and the VADC has determined the device has stopped working
- The VAD Coordinator (VADC) should be contacted immediately. Dispatch may have VADC contact information. The patient and caregiver will have contact information; it may also be found on the device, a medical alert bracelet, near a phone, or other obvious location. The VADC may be on the phone upon EMS arrival
- The VADC is a valuable resource but is NOT medical control. Request physician consult if necessary
- If appropriate, request POLST/DNR status

**Assessment-Patient**

- All VAD patient assessments will include the following:
  - Neuro status
  - Manual blood pressure (will only have a MAP)
  - Skin signs, capillary refill
  - ETCO2
  - Lung sounds
  - Cardiac monitor (EKG rhythm may be abnormal but unless patient is symptomatic, treat the patient, not the monitor)
  - SpO2 and pulse will be absent or greatly diminished

**Assessment-Device**

- Involve VADC, patient, and family in assessing/troubleshooting
- A green light indicates the device is powered. It does NOT mean the device is working
- Auscultate device
- Auscultation of a humming sound at the RUQ indicates the device is working
- Check ALL connections to be certain they are secure and batteries are charged

**Signs of Shock**

- **NS** 500ml bolus
  - Reassess, including lung sounds after bolus

**ALS RMC**

- 12-lead EKG

---

*County of Marin EMS*

*April 2022*