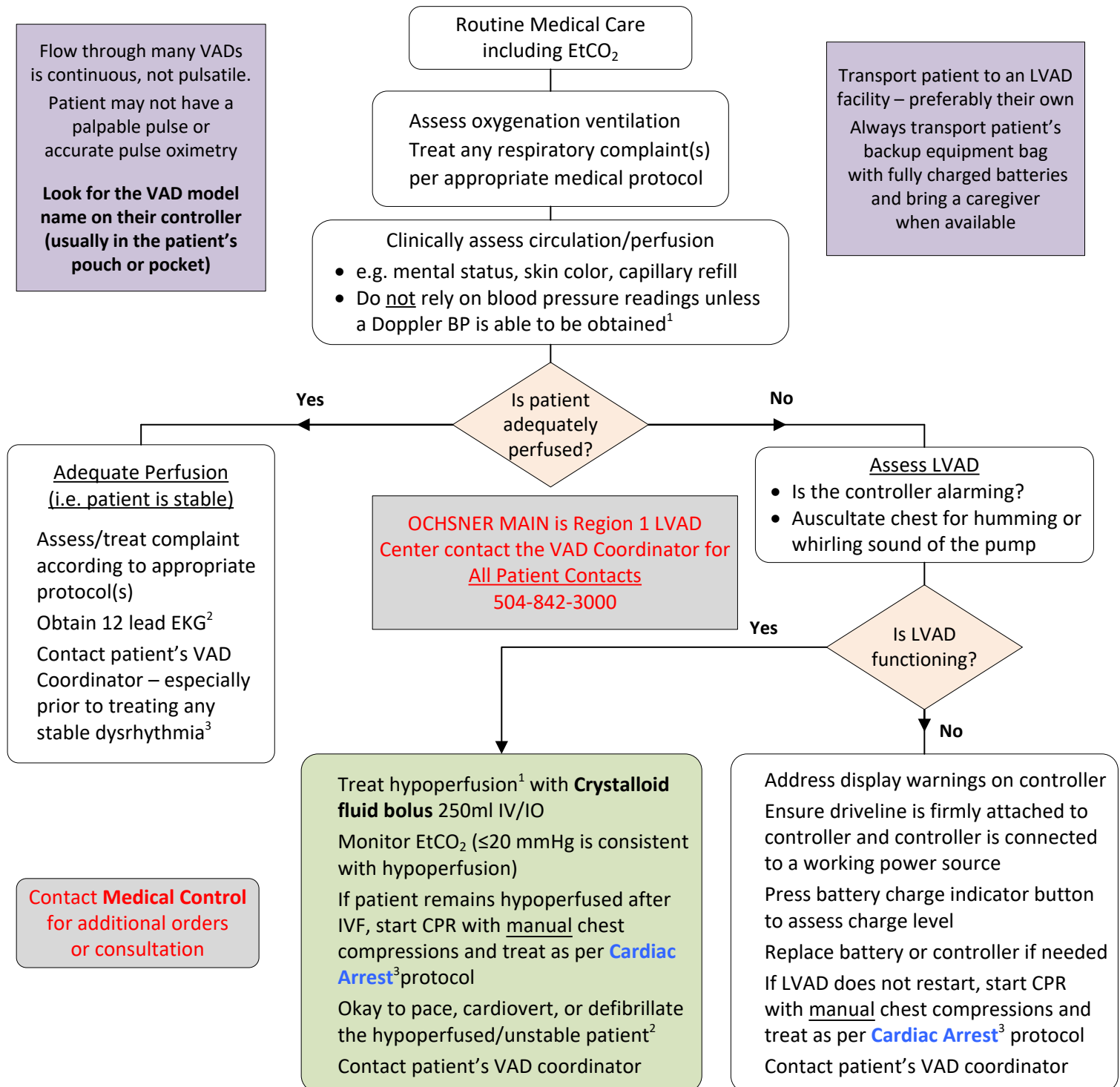


Ventricular Assist Devices (VADs)

This protocol is intended for LVAD patients with a respiratory or cardiac complaint. Patients with a functioning VAD and a non-cardiopulmonary complaint should be managed by the appropriate **Medical**, **Trauma**, and/or **HAZMAT** protocol. See **Cardiac Preambles** for further guidance on ventricular assist devices.



¹ Although automatic non-invasive BP cuffs are often ineffective in measuring systolic and diastolic pressures, if they do obtain a MAP it is usually accurate. A doppler BP measures the MAP. Avoid futile repeat attempts to obtain a blood pressure, pulse, or SpO₂.

² VAD patients still have underlying heart function and rhythms that should be assessed. Do not disconnect the LVAD to pace, cardiovert, or defibrillate. Apply defibrillator pads in the anterior/posterior position.

³ The decision whether to cardiovert and perform CPR should be made based upon best clinical judgment. Early consultation with the patient's VAD coordinator and/or Medical Control is advised. Patients with a total artificial heart (TAH) will not respond to CPR.