

Outpatient VAD Discharge Checklist

TRAINING/EDUCATION: VAD Pt Handbook/Pt Education DVD given to Patient and Primary Caregiver Patient- Outpt VAD Patient Training Checklist completed/signed off Primary Caregiver- Outpt Patient Training Checklist completed/signed off Outpt Home Log recording (review significance, importance) Patient- Discharge Quiz completed Primary Caregiver- RETURN DEMO Demo Dressing change Patient. PetruRN DEMO Shower as assistant Patient. Emergency Review Primary Caregiver- Review Patient- Verification of Training/Education signed off Primary Caregiver- Terrification of Training/Education signed off Primary Caregiver- Verification of Training/Education signed off Sternal Precautions for 6 weeks post-implant Warfarin Education/Teaching Heart Failure Signs and Symptoms Medications: purpose, route, side effects, administration schedule Hydration and Diet, specific to Outpt VAD Review exercise, activity guidelines, specific to Outpt VAD Review exercise, activity guidelines, specific to Outpt VAD Review exercise, activity guidelines, specific to heart failure Avoid certain chemicals (acetone, nail polish), valsalva, electricity discharge Transportation Restrictions/Guidelines (including what to bring) OT/PT Community Re-integration signed off Discharge Home Community Re-integration Signed Sign	Discharge effective	Date	Initials
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Francisco Contacts / FAAC Code and Dt Dinder	HVAD: 6 batteries, shower bag, AC adapter, DC adapter, back up system controller		
Emergency Contacts/Eivis Guide and Pt Binder	Emergency Contacts/EMS Guide and Pt Binder		



Outpatient VAD Discharge Checklist

- arbanent 17 12 2 10 0 11 ar 9 1			_
Both System Controllers set to correct spe	ed		
Review medications and administration sc	hedule		
Review back up equipment to be carried a	t all times		
Emergency Review with Patient and Prima	ry Caregivers		
HMII: Turn off hourly recording on System	Controller, change to daily		
HMII: Waveforms downloaded and sent pr	rior to discharge		
H1N1, Flu, Pneumonia yearly vaccine upor	n discharge (*if within season)		
1 st clinic visit scheduled for:			
PCP follow up visit scheduled for:			
Other specialty clinic visit () scheduled:		
Other specialty clinic visit () scheduled:		
Other specialty clinic visit () scheduled:		
OTHER:			
Patient cleared by Financial Coordinators			
PEDIMACS consent signed			
HLA typing and PRAs drawn			
MISCELLANEOUS:			
		•	
Outpatient VAD Discharge Che	ecklist Sign Off		
Print Name/ Title	 Signature		 Initials
Print Name/ Title	Signature		Initials
Print Name/ Title	Signature		Initials