



Outpatient VAD Discharge Checklist

	Date	Initials
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- Discharge Quiz completed		
Primary Caregiver- <i>RETURN DEMO</i> Dressing change		
Patient- <i>RETURN DEMO</i> Shower		
Primary Caregiver- <i>RETURN DEMO</i> Shower as assistant		
Patient- Emergency Review		
Primary Caregiver- Emergency Review		
Patient- Verification 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 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 Outing		
Medialert/Patient Identifier ordered		
SUPPLIES FOR HOME:		
Outpt VAD Home Assessment completed/signed off		
Outpt VAD Patient Binder with Home Log, D/C instructions, contact numbers		
Electric outlet tester loaned to family		
Outlets checked and properly grounded		
Electric outlet tester returned		
Thermometer, Scale, Flashlight at home		
Dressing Supplies ordered/received:		
ADL supplies ordered/received (ie. shower bench, etc)		
NOTIFICATIONS:		
Power company discount form signed/given to patient		
Letter to EMS sent/notified		
Letter to power company sent		
Letter to PCP sent		
Letter to local cardiologist sent		
PRIOR TO DISCHARGE:		
Outpt VAD equipment- <i>HMII: 4 sets of batteries, 2 sets of battery clips, shower bag, box of (3) module cell batteries, PM, UBC, back up system controller, extra PM cable, abdominal binder/foley catheter anchor</i> <i>HVAD: 6 batteries, shower bag, AC adapter, DC adapter, back up system controller</i>		
Emergency Contacts/EMS Guide and Pt Binder		



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Both System Controllers set to correct speed		
Review medications and administration schedule		
Review back up equipment to be carried at all times		
Emergency Review with Patient and Primary Caregivers		
HMII: Turn off hourly recording on System Controller, change to daily		
HMII: Waveforms downloaded and sent prior to discharge		
H1N1, Flu, Pneumonia yearly vaccine upon 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 Checklist Sign Off

_____	_____	_____
Print Name/ Title	Signature	Initials
_____	_____	_____
Print Name/ Title	Signature	Initials
_____	_____	_____
Print Name/ Title	Signature	Initials