



UMC  
HEALTH  
SYSTEM

**LVAD (Mechanical Heart Transplant)  
Discharge Planner Check Sheet**

**Patient Label Here**

| <b>Discharge Planner Name:</b>  | <b>Date</b> | <b>Initials</b> |
|---|-------------|-----------------|
| Patient Handbook issued   |             |                 |
| Daily Driveline Dressing Change Procedure training completed  |             |                 |
| Patient/Companion device and emergency procedure training completed   |             |                 |
| Dressing Supply Company notified and supplies list sent   |             |                 |
| Patient instructed to notify power company & request priority power restoration status                            |             |                 |
| Home electrical outlets properly grounded (tester loaned to patient family)                                       |             |                 |
| Disabled Parking Pass process initiated   |             |                 |
| Weekly schedule set up (lab, x-ray, clinic)<br>OP Clinic lab/x-ray orders, Clinic dates                           |             |                 |
| Demographic information updated   |             |                 |
| Shower Protocol training completed  |             |                 |
| EMS Office notified (letter written to Fire Department for out of town patients)                                  |             |                 |
| Patient identification card and EMS instructions placed in bag  |             |                 |
| Emergency Cards given to patient, laminated emergency card tied to bag  |             |                 |
| Thermometer, blood pressure cuff and scale at home. Trained in how to use   |             |                 |
| Med Action Plan Issued  |             |                 |
| Coumadin, Heparin, Lovenox teaching completed   |             |                 |
| Completion of documentation forms training completed  |             |                 |
| Hepatitis A and B Vaccinations given, Pneumovax, Flu  |             |                 |
| Patient Discharge Instructions reviewed   |             |                 |
| Avoid static electric discharges, valsalva (straining at stool, lifting heavy objects, etc.)                      |             |                 |
| Avoid certain chemicals (acetone, nail polish, etc.)  |             |                 |
| Review exercise and nutrition requirements  |             |                 |
| 6 minute walk test at 1 month and three month as appropriate  |             |                 |
| Discharge check sheets placed in hospital chart   |             |                 |
| Copies of discharge check-sheets, discharge instructions and prescriptions to Mechanical Heart Coordinator office |             |                 |
| Fill out discharge questionnaire  |             |                 |
|   |             |                 |
|   |             |                 |

TO  Read back

**Order taken by Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_ **Date/Time** \_\_\_\_\_





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|   |  |  |
|---|--|--|
| Document patient training, include training topics/results  |  |  |
| Document caregiver training, include training topics/results  |  |  |
| Administer patient and caregiver post-test<br>Patient _____ (test result) Caregiver _____ (test result)     |  |  |
| Recommend to patient that her/she obtain & wear a Medic Alert™ bracelet or other similar patient identifier |  |  |
| Home inspection checklist   |  |  |
| Notify community hospital of patient discharge  |  |  |
| Notify local first responders of patient discharge  |  |  |
| Send HMII education material to local first responders (EMS, Fire Department)                               |  |  |
| Notify patient's cardiologist (if applicable)   |  |  |
| Notify patient's primary care physician (if applicable)   |  |  |
| INTERMACS   |  |  |
| <b>Materials</b>  |  |  |
| Discharge Instructions sheet(s)   |  |  |
| HeartMate II® Patient Handbook  |  |  |
| HeartMate II Patient Education Program DVD  |  |  |
| Emergency Contact List (multiple copies)  |  |  |
| Emergency Contact Card  |  |  |
| HeartMate II Alarms for Patients and Caregivers   |  |  |
| HeartMate II Information and Emergency Assistance Guide   |  |  |
| Guide for Percutaneous Lead Care and Equipment Maintenance  |  |  |
| HeartMate® GoGear® Shower Bag Instructions for Use  |  |  |
| Daily diary sheets  |  |  |
| Other:  |  |  |
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| <b>HeartMate II LVAD Equipment or Supplies</b>                                      |  |  |
|---|--|--|
| One (1) primary system controller, preset fixed speed set point and low speed limit |  |  |
| One (1) backup system controller, preset fixed speed set point and low speed limit  |  |  |
| One (1) display module (if applicable)  |  |  |
| One (1) power module (PM) with cables   |  |  |
| One (1) universal battery charger (UBC) (required if discharged with PM) with cable |  |  |
| Two (2) sets fully-charged HeartMate II batteries                                   |  |  |
| Two (2) battery clips (second clip set optional)*                                   |  |  |
| HeartMate GoGear Wearables (optional):  |  |  |
| Holster vest  |  |  |
| Modular belt  |  |  |
| Consolidated bag  |  |  |
| Shower bag  |  |  |
| Equipment and supplies for exit site care (e.g., cleanser, gauze, etc.)             |  |  |
| Other:  |  |  |
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Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

