Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  *Phase: Impella Ventricular Assist Device Phase, When to Initiate:______________________________*

Impella Ventricular Assist Device Phase
Vital Signs
- Vital Signs
  *Monitor and Record T,P,R,BP, q15 min x 4 then q30 x 2, and then hourly for the duration of Impella support.*

Activity
- Bedrest
  *Strict*
- Keep Affected Leg Straight
  *Leg with pump insertion site to be kept straight.*

Patient Care
- Foley Insert-Follow Removal Protocol
  *Routine, Reason: Strict UOP (q30 min or q1 hr) in ICU, Continue foley for duration of Impella support*
- Immobilizer Apply
  *T;N*
- Vascular Assessment
  *q1h(std), on the extremity of Impella insertion; If pulses are not palpable, perform ankle-brachial index q 1 hr.*
- Monitor Pump Placement
  *T;N, Monitor pump placement using the waveforms of motor current and placement signal and squeeze red flush valve on red sidearm placement signal for 5 seconds to flush with normal saline q 2 hours*
- Intake and Output
  *q1h(std)*
- Dressing Care
  *Apply transparent dressing to insertion site. Do not cover catheter sleeve with tape or transparent dressing.*
- Nursing Communication
  *Consult company representative to evaluate need for wearable cardiac defibrillator for new onset heart failure with Left Ventricular Ejection Fraction less than 35%*

Nursing Communication
- Nursing Communication
  *Initiate the Impella flow sheet and document hourly.*
- Nursing Communication
  *When vasopressors and inotropes are weaned off, and have been off for 1 hour then wean Impella*
Physician Orders ADULT: Impella Ventricular Assist Device Plan

down by 1 P level every 2 hours as long as MAP > 65. Do not wean below level P2, to avoid retrograde flow.

☐ Nursing Communication
  When vasopressors and inotropes are weaned off, and have been off for 1 hour, then wean Impella down by 1 P level every 4 hours as long as CI > 2.2 and CPO > 0.6 and PAPI > 0.9. Do not wean below level P2, to avoid retrograde flow

☐ Nursing Communication
  Order and draw a stat lactic acid level at 12 hours post Impella insertion, and again at 24 hours post Impella insertion

Continuous Infusion
  Order Purge Solution below (Dextrose 5%, heparin 12,500 units /D5W, or heparin 25, 000 units/D5W) (NOTE)*
  Dextrose 5% in Water
    500 mL, Device, Impella Purge Solution
    Comments: For use as Impella purge solution ONLY! Not for IV administration.
  Heparin 12,500 Units/D5W 500 mL (IVS)*
    Dextrose 5% in Water
    500 mL, Device, Routine, Impella Purge Solution
    Comments: For use as Impella purge solution ONLY! Not for IV administration.
    heparin (additive)
    12,500 units
  Order solution below for RP device ONLY.(NOTE)*
  Heparin 25,000 Units/D5W 500 mL (IVS)*
    Dextrose 5% in Water
    500 mL, Device, Routine, Impella Purge Solution
    Comments: For use as Impella purge solution ONLY! Not for IV administration.
    heparin (additive)
    25,000 units

Anticoagulation(NOTE)*
  Heparin Impella Device Non-Protocol Infusion Plan(SUB)*

Laboratory
  ☑ CBC
    STAT, T;N, once, Type: Blood, Nurse Collect
  ☑ CBC
    Routine, T+1;0400, qam, Type: Blood, Nurse Collect
    Comments: While on Impella Support
  ☑ APTT
    STAT, T;N, once, Type: Blood, Nurse Collect
Physician Orders ADULT: Impella Ventricular Assist Device Plan

Routine, T+1;0400, qam, Type: Blood, Nurse Collect
Comments: While on Impella Support

☑  BMP
  STAT, T;N, once, Type: Blood, Nurse Collect
☑  BMP
  Routine, T+1;0400, qam, Type: Blood, Nurse Collect
  Comments: While on Impella Support
☑  Magnesium Level
  STAT, T;N, once, Type: Blood, Nurse Collect
☑  Magnesium Level
  Routine, T+1;0400, qam, Type: Blood, Nurse Collect
  Comments: While on Impella Support

Diagnostic Tests
☑  Chest 1 View
  T+1;0400, Reason for Exam: Other, Enter in Comments, Routine, Portable
  Comments: While on Impella support

Consults/Notifications/Referrals
☑  Notify Physician-Once
  Notify For: new-onset hematuria, signs of limb ischemia, changes in distal pulses, unresolved
  Impella alarms, large amount of bleeding or hematoma at insertion site, or suspected malposition of
  Impella. Notify Abiomed rep also.

________________________________________  _________________  ______________________________________  __________
Date                                             Time                                Physician’s Signature                   MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order