



Physician Orders ADULT: Impella Ventricular Assist Device Plan

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





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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
- ☒ APTT





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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

