STANDARDIZED PROCEDURE
PLACEMENT OF ASSIST DEVICES

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

I. Policy

a. Function: To assist the Surgeon in the placement of Assist Devices (i.e.: Left Ventricular Assist Device).

b. Circumstances:

i. Setting: See Cardiothoracic Surgery Nurse Practitioner General Policy for Operative Procedures Standardized Procedure

ii. Supervision: See Cardiothoracic Surgery Nurse Practitioner General Policy for Operative Procedures Standardized Procedure

iii. Patient Conditions/Indications for Placement of Assist Devices include but are not limited to:

- Bridge to heart transplant
- Poor Ejection Fraction (EF)
- Dependence upon Intra-Aortic Balloon Pump (IABP)
- As per Surgeon evaluation

II. Protocol

Definition: Assisting in the placement of assist devices during Cardiothoracic Procedure.

Objective: See section I-b-iii for indications

Assessment: Patient which meets criteria above as per Attending Cardiothoracic Surgeon

Plan:

i. Equipment Necessary for procedure includes but is not limited to:

- Assist Device
- Machine for assist device
- Suture as per Surgeon preference
- Sterile Environment (Scrubbed into OR Environment)

ii. Pre-Procedure

1. Education provided during Pre-Operative period (see Pre-Operative Evaluation Standardized Procedure)
2. Consent signed Pre-Operatively for procedures performed in the Operating Room

iii. Patient Position

1. As per Surgeon

iv. Placement of Assist Devices Procedure

1. Open the chest as directed by the Surgeon (See Opening of Chest Standardized Procedure)

2. Retract the heart and other vessels utilizing hands or instruments for placement of cannulation sutures (See Cannulation/Bypass Standardized Procedure)

3. Assist in placement and help secure cannulas in the vessels of the heart and or femoral/neck vessels, tie knots to avoid slippage as directed by the Surgeon (See Cannulation/Bypass Standardized Procedure)

4. Connect cannulas to assist device and secure lines as directed by Surgeon

5. Assist the Surgeon in placing the patient on the assist device

v. Patient conditions requiring Immediate Physician Attention (Complications) including but not limited to:

1. Hemorrhage

2. Technical-Slipped stitches, loosening of knots

3. Cardiac Arrest-Emergency Protocols and ACLS will be instituted

vi. Follow-Up:

1. Continued evaluation and treatment throughout peri-operative course

e. Record Keeping: See Cardiothoracic Surgery Nurse Practitioner General Policy for Operative Procedures Standardized Procedures

III. Requirements for the Nurse Practitioner

a. Education and Training: See Cardiothoracic Surgery Nurse Practitioner General Policy for Operative Procedures Standardized Procedures

b. Evaluation: See Cardiothoracic Surgery Nurse Practitioner General Policy for Operative Procedures Standardized Procedures

VII. RESPONSIBILITY

Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call; 619-543-3438

VIII. HISTORY OF POLICY

Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016 Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016 Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016