

HeartMate 3 (HM3) LVAD

Caregiver Guide: The First 72 Hours at Home

Purpose: This guide focuses on what matters most in the **first 3 days after discharge**, when anxiety is high and preventable problems most often occur.

OVERARCHING RULES FOR THE FIRST 72 HOURS

- **Boring is good.** Stability beats progress.
 - Do **not** change routines unless told to by the LVAD team.
 - When unsure, **call early** — do not wait.
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DAY 0–1 (Arrival Home)

LVAD & Power

- Plug into wall power immediately upon arrival
- Confirm batteries are charging
- Verify controller and backup controller are accessible
- Review baseline HM3 numbers and write them down

Patient Check (2–3× that day)

- Mental clarity normal for patient
- No dizziness, confusion, or shortness of breath
- MAP within target range
- No new or repeated alarms

Driveline & Incision

- Check driveline exit site for redness, drainage, or pain
- Confirm driveline is secured with no tension
- Dressing remains clean, dry, intact

Activity

- Short walks only — no pushing endurance
- Strict sternal precautions
- No stair “tests” unless required for daily living

Sleep

- Ensure comfortable sleeping position with driveline protected
- Batteries and controller positioned safely overnight

DAY 2

Monitoring

- Continue MAP and symptom checks: $MAP = [Systolic\ BP + (2 \times Diastolic\ BP)] / 3$
Systolic blood pressure is the first (top/upper) number.
- Compare HM3 numbers to baseline (look for trends, not perfection)
- Monitor weight if instructed

Medications

- Confirm all meds taken exactly as prescribed
- Double- check anticoagulation dosing
- Watch for bleeding or bruising

▪ Driveline Care

- Perform dressing change if scheduled
- Use full sterile technique — no shortcuts

▪ Activity

- Slightly longer walks if patient feels well
 - Stop immediately for dizziness, fatigue, or alarms
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DAY 3

▪ Assessment

- Patient looks and feels similar or slightly better than Day 1
- No accumulating fatigue, confusion, or shortness of breath
- No new alarms or driveline concerns

▪ Communication

- Review upcoming appointments and INR checks
 - Write down questions for LVAD team
 - Call team if **anything** feels off, even if minor
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CALL THE LVAD TEAM IMMEDIATELY IF:

- Any pump alarm you don't understand
 - Sudden dizziness, confusion, weakness, or speech trouble
 - Fever, chills, or driveline redness/drainage
 - Bleeding that does not stop
 - Repeated low flow alarms
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✕TOP 5 MISTAKES NEW CAREGIVERS MAKE (AND HOW TO AVOID THEM)

1 Waiting Too Long to Call the LVAD Team

Mistake: Thinking “this will probably pass.”

Fix: Call early. Teams prefer false alarms to late emergencies.

2 Letting the Patient Push Too Hard

Mistake: Encouraging strength or independence too fast.

Fix: Protect recovery — endurance comes later.

3 Driveline Complacency

Mistake: Rushing dressing changes or relaxing sterile technique.

Fix: Infection prevention is non-negotiable.

4 Power Management Lapses

Mistake: Forgetting battery charge status or backup equipment.

Fix: Always know where power and backups are.

5 Underestimating Caregiver Fatigue

Mistake: Ignoring your own stress and exhaustion.

Fix: Rest when possible; ask for backup help early.

☑FINAL CAREGIVER REMINDER

Your job is not to make things better — it's to **keep things stable**.

Stability keeps patients home.
