

# HeartMate 3 LVAD Post-Op Discharge Readiness Checklist

This checklist is **specifically tailored to the Abbott HeartMate 3 (HM3)** LVAD after open heart implantation. It reflects common requirements across major LVAD centers, though exact thresholds vary.

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## 1. HeartMate 3 Pump & Hemodynamic Stability (Core Requirement)

- Pump speed finalized and stable (no recent speed changes)
  - Typical HM3 parameters stable: - Flow ~3.5–6.0 L/min (patient specific)
    - Power ~3–6 W, stable trend
    - PI appropriate and not labile
  - No unexplained alarms for ≥48–72 hours
  - Mean arterial pressure (MAP) consistently within HM3 target (often **70–85 mmHg**)
  - Pulsatility present or acceptable for continuous- flow physiology
  - No evidence of pump thrombosis (LDH stable, no hemolysis)
  - Anticoagulation therapeutic and stable (INR goal commonly **2.0–3.0**, center specific)
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## 2. Right Heart & Volume Status (HM3 Specific Focus)

- Right ventricular function adequate without IV inotropes
  - CVP/volume status optimized (not preload, starved, not congested)
  - Diuretic regimen stable and effective
  - No ongoing RV failure alarms or low- flow events
  - Weight stable for several days
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## 3. Respiratory Readiness

- Breathing comfortably on room air or stable low-flow O<sub>2</sub>
  - No orthopnea or resting dyspnea
  - Chest tubes removed
  - No clinically significant pleural effusions
  - Able to clear secretions effectively
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## 4. Surgical Healing & Driveline Management (Critical for HM3)

- Sternotomy incision healed and stable
  - HM3 driveline exit site clean, dry, intact
  - Driveline secured to prevent traction or torque
  - Patient **and caregiver** independently perform sterile driveline dressing change
  - No signs of driveline, pocket, or bloodstream infection
  - Pain controlled with oral medications only
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## 5. Neurologic & Stroke Readiness (HM3 Emphasis)

- Baseline neurologic exam stable
  - No new TIA or stroke symptoms
  - Patient and caregiver can verbalize **stroke warning signs**
  - Blood pressure control optimized to reduce hemorrhagic risk
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## 6. Renal, GI, and Nutrition Status

- Renal function stable or improving (important for anticoagulation safety)
  - Electrolytes stable on oral regimen
  - Adequate oral intake for wound healing
  - Bowel function restored (constipation avoided due to Valsalva risk)
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## 7. Mobility & Sternal Safety

- Independent bed mobility using sternal precautions
  - Ambulates safely with LVAD equipment
  - Able to manage stairs if required at home
  - Physical therapy clearance for discharge
  - Endurance adequate for basic daily tasks
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## 8. HeartMate 3 Equipment Mastery (Non-Negotiable)

- Patient **and caregiver** complete formal HM3 training
- Demonstrates without prompting:
  - HM3 controller operation
  - Battery changes (seated and standing)
  - Transition: batteries ↔ wall power
  - Alarm recognition (low flow, power, controller fault)
  - Correct response to each alarm type
- Able to explain **what to do if the pump stops**
- Knows how and when to contact HM3/LVAD team 24/7

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## 9. Medication & Anticoagulation Competency

- Understands warfarin purpose and INR targets
  - Demonstrates correct dosing and timing
  - Understands bleeding precautions and red- flag symptoms
  - Knows which medications must never be skipped
  - Able to manage complex medication schedule independently or with caregiver
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## 10. Caregiver, Home & Emergency Preparedness

- Trained, reliable caregiver available
  - Backup caregiver identified if required by program
  - Home electrical reliability assessed
  - Emergency power plan in place (outage, travel)
  - Local EMS notified/trained re: HM3 (center- dependent)
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## 11. Psychosocial Clearance

- Patient demonstrates realistic understanding of HM3 lifestyle
  - Anxiety, depression, or delirium addressed
  - Adherence and follow- up reliability confirmed
  - Social work and psychology clearance completed
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## 12. Discharge Logistics

- HM3 supplies delivered (batteries, backup controller, dressings)
  - Home health nursing arranged if needed
  - Follow- up visits and INR checks scheduled
  - Written HM3 discharge manual reviewed
  - Emergency contacts saved and understood
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### ▪ HeartMate 3 Discharge Bottom Line

- For HM3, discharge hinges on **three pillars**: 1. **Pump stability without alarms**  
2. **Flawless equipment competence**  
3. **Reliable caregiver and home support**

Most discharge delays are due to **training or anticoagulation fine-tuning**, not pump performance.