



CREATING LVAD (LEFT VENTRICULAR ASSIST DEVICE) KNOWLEDGEABLE TOOL AND TRAINING FOR UNLICENSED ASSISTIVE PERSONNEL IN THE PERIANESTHESIA SETTING

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INTRODUCTION

LVAD (Left Ventricular Assist Device) is an electromechanical device augmenting cardiac circulation and output as a bridge to replace a patient's failing heart function in end stage heart disease and/or failure awaiting either a heart transplant or destination therapy (determination of end of life care). The LVAD is surgically attached to the heart to help maintain left ventricular contractility. American Heart Association estimates 50, 000 – 100. 0000 advanced heart patients have increase survival rates awaiting transplants and improved life style quality with LVADs.

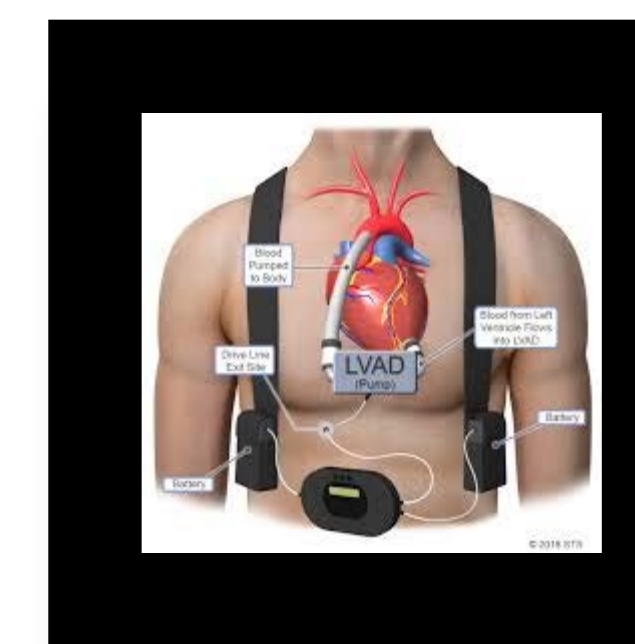
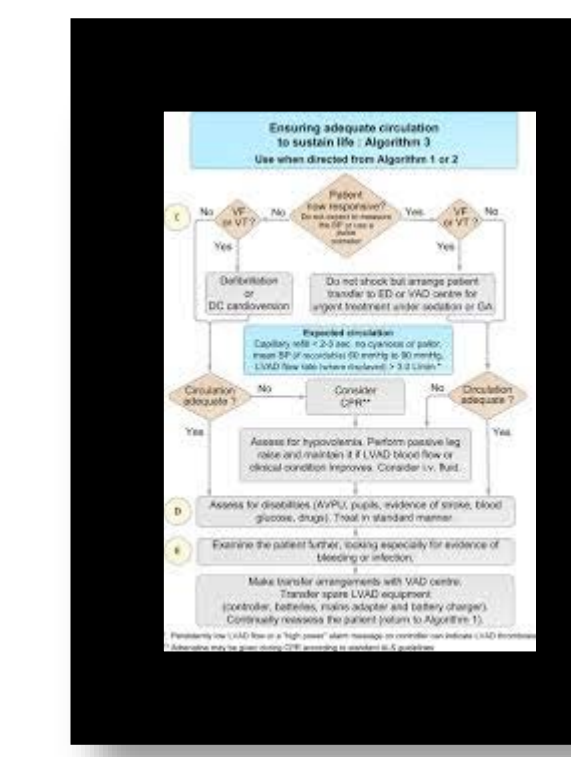
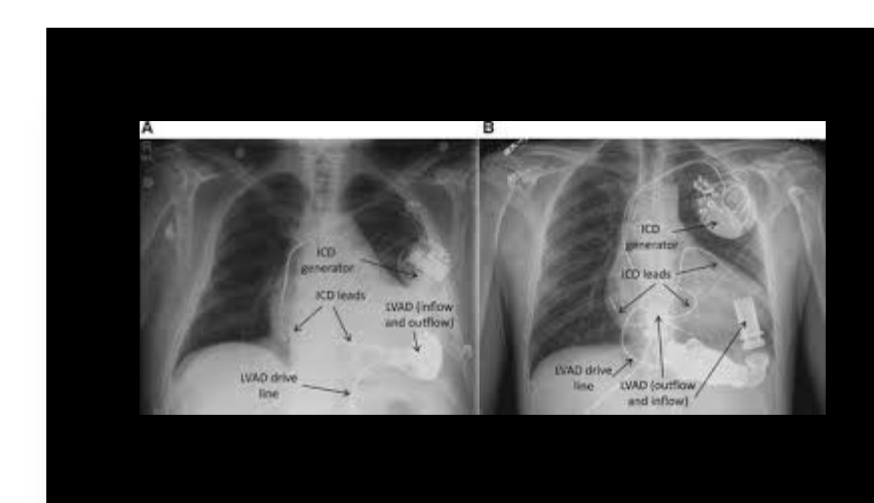
BACKGROUND/STUDY PURPOSE

An increase of LVAD patients are needing surgical treatments; thereby seeing an increase number of patients in the perianesthesia area. While training has been established for registered nurses, no formal training has been established for unlicensed assistive perianesthesia nursing personnel.

METHODS

Identify staff's capabilities and limitations in relation to LVAD by formulating questionnaire to assess knowledge base. Identify and research criteria guidelines for other health care professionals. Implementation of educational in-service, simulation, and post educational questionnaire to determine knowledge gained. Resource material including FAQ sheet, and procedural manual on unit for staff.

LVAD



RESULTS

Post educational data results and observed changes in practice revealed an increased knowledge base, awareness, and comfort level by unlicensed assistive personnel of LVAD in identifying issues related to LVADs to report to perianesthesia Registered Nurses .

CONCLUSION

Educational in-services, procedural manual, and FAQ tip sheet provide a increase in competency, skill level, and critical thinking skills of the unlicensed assistive perianesthesia personnel thereby benefitting patients and other health care professionals since unlicensed assistive perianesthesia personnel may be the first contact of the patient.

REFERENCES

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