University Health Care Cardiac Mechanical Support Program  
Bridge to Potential Transplant List of Expectations

PATIENT:  DOB:  Date:

The University of Utah Hospital currently offers Ventricular Assist Device (VAD) Therapy to people whose heart has failed. Your physicians have determined that you now require such a device for your heart. Below you will find some of the expectations that we believe will help you enjoy the best quality of life. We therefore ask you to review these expectations that go along with the implantation of the VAD.

University of Utah Hospital Cardiac Mechanical Support Program Requirements:
• We will train you in the daily operation, maintenance and emergency procedures related to the VAD prior your discharge home.
• We will be available for any questions regarding your VAD and care 24 hours/day.
• We will train your primary care physician, your community EMS personnel and your companion/companions that will be involved in your care once you are home.

Patient Requirements:
• We expect you to temporarily relocate to the Salt Lake City, Utah area. Relocation allows for the best follow up care: by trained personnel, of you and the device. You can expect to remain in Utah for up to 3-6 months after your VAD surgery or as long as you are actively listed for a heart transplant. The relocation requirements are the same as those for the cardiac transplant program. You can expect to remain in Utah for at least 4-6 months after you receive your heart transplant.
• You are encouraged to have a companion to be in your immediate vicinity at all times. Immediate vicinity is defined as within visual and/or hearing distance at all times. This requirement may be adjusted by the physician on a case by case basis.
• You must complete a written as well as a hands-on examination prior to being discharged from the hospital.
• We suggest that you identify more than one companion for training and support.
• You will not be allowed to drive until successful completion of a patient independency test and with your doctor’s approval.
• You are expected to attend all follow up visits and complete lab work and tests as ordered by the physicians.
• You are expected to know your medications and the reason you are taking them.
• You are expected to participate in in-patient as well as outpatient cardiac rehab as prescribed before, during, and after your VAD surgery.
• You are expected to complete all drug testing and/or Narcotics Anonymous or Alcoholic Anonymous meetings as required and recommended by your physicians.
• You are to keep daily records including blood pressures, temperatures, weights, and VAD readings and bring the information to all clinic visits.
• You are expected to attend weekly transplant education and support groups as recommended by the coordinator.
• You will adhere to good hygiene practices including hand-washing, driveline care, good oral care, and keeping your body and environment clean.
You understand the life expectancy of your ventricular assist device and should your device fail, death may occur. In the event of device malfunction, you may be eligible for re-operation for another device.

You understand that you must be drug free 6 months or longer with documented negative tox screens to be eligible for listing on the transplant list as well as have adequate social and family support.

Companion’s Requirements:
- You are to be in the immediate vicinity of the patient at all times.
- You will provide assistance to the patient as needed.
- You will provide transportation to and from the hospital for frequent clinic appointments, labs, and tests.
- You are to be trained in the daily operation, maintenance and emergency procedures related to the LVAD.
- You must complete a written as well as a hands-on examination prior to the patient being discharged from the hospital.
- You are expected to attend weekly transplant education and support groups as recommended by the coordinator.
- You will adhere to good hygiene practices including hand-washing, driveline care, and will strive to maintain a clean environment for the patient.

The obligations of both patient and companion have been fully explained and I agree to abide by the above list of expectations. If my companion cannot or does not meet the above criteria then I will be expected to find a companion that agrees to the above expectations.

____________________________________   ______________
PATIENT SIGNATURE      DATE

The obligations of companion have been fully explained to me and I agree to abide by the above list of expectations.

_____________________________________   ________________
COMPANION SIGNATURE       DATE

_____________________________________   ________________
COMPANION SIGNATURE       DATE

I have explained fully the expectations of both patient and companion(s) to participate in the University of Utah Cardiac Mechanical Support Program. I have asked if the participants have any questions and answered those questions to the best of my ability.

_______________________________________________  _______________
CARDIAC MECHANICAL SUPPORT COORDINATOR  DATE

_______________________________________________  _______________
PHYSICIAN / PROVIDER       DATE

_______________________________________________  _______________
PHYSICIAN / PROVIDER       DATE