

# INDIVIDUAL CARE PLANS

## PURPOSE

It is recognized that agencies may be approached by individuals, who have a medical condition requiring a specific response plan to an emergent situation, which has been designed by their physician. In the interest of these patients, and for the protection of responding agencies, these plans will be considered and followed.

## PROCEDURE

- ❑ The patient, the patient's family or the patient's physician may submit a detailed request for an individual care plan. The individual care plans must align with the scope and practice established by the Oregon Medical Board for emergency medical providers. Therefore, may be subject to modification upon submittal.
- ❑ Submitted individual care plans shall be routed to both the first response and transport provider servicing the area in which the patient resides.
- ❑ The supervising physician(s) of the agencies involved will review the care plan and recommend approval and/or disapproval, or recommend alternatives as appropriate.
- ❑ Following the recommendation of the supervising physician, each agency's Chief executive (or designee) will either concur with the recommendation and/or meet with the supervising physician to address individual departmental or operational concerns.
- ❑ All agencies and supervising physicians impacted must reach consensus prior to the approval of any individual care plan.
- ❑ Once the plan has been approved, agencies will orient their responders for this specific individualized patient plan.

## STANDING CARE PLANS

### 1) LEFT VENTRICULAR ASSIST DEVICES

Individuals may be within an area's jurisdictions that have an implanted Left Ventricular Assist Device. There may be different manufactured models implanted. Therefore, department will make an effort to recognize the type(s) of LVAD present within their District, and become aware of potential "trouble-shooting" they may be asked to perform.

- Possible scenarios may involve when the pump has stopped due to a loose connections, the batteries need to be changed, or the controller needs to be changed.
- Common presenting non-pump related complications include bleeding and infection.
- CLINICAL PEARLS RELATED TO LVADS INCLUDE:
  - Blood Pressure may be difficult to obtain on these patients. Most patients have a mean arterial blood pressure of 70-90 with a narrow pulse pressure.
  - Palpable pulse may be weak or absent
  - Do NOT perform CPR, no hand pump is available
  - All ACLS drugs may be administered
  - Pump does not affect the patient's ECG
  - The patient can be defibrillated while connected to the device
  - The patient can be paced per our normal standard operating procedures
  - Set of batteries last approximately 3 hours
  - Any emergency mode of transportation is OK. These patients are permitted to fly
  - Be sure to bring ALL the patients' equipment with them

## INDIVIDUAL CARE PLANS CONT.

- Flashing Alarms
  - This may indicate a Low Flow Hazard:
    - Check patient – the flow may be too low. This alarm will consist of a red heart alarm indicator light and steady audio alarm if the flow rate is less than 2.5 liters per minute.
- If the patient is hypovolemic, treat per established guidelines
- If patient is in right heart failure, treat per established guidelines
- If pump has stopped, check connections, batteries, and controllers as instructed in the section above
- In situations where the LVAD continues to be non-operational and transport is indicated, transport to the closest facility is warranted unless otherwise advised by OLMC.