HEARTWARE™ HVAD™ SYSTEM ALARM TROUBLESHOOTING CLINICIAN GUIDE



Medtronic

HEARTWARE™ HVAD™ SYSTEM ALARM TROUBLESHOOTING CLINICIAN GUIDE

5 minutes

Disconnect Power 2

Alarm Type: High (Critical)					
Alaum	Alama	LCD	LCD		
Alarm Symbol	Alarm Tone	Display Line 1	Display Line 2	Potential Causes	Potential Action
None	Continuous loud-unable to mute	(no message)	(no message)	■ No power to pump ■ Pump has stopped	 Connect two new power sources Replace controller Contact Medtronic Clinical Support
Flashing Red	Loud, Two-toned alarm-unable to mute	VAD Stopped	Connect Driveline	 Driveline disconnected Driveline fracture Connector malfunction/ breakage VAD electrical failure 	 Reconnect driveline Contact Medtronic Clinical Support Download/email patient log files
*		VAD Stopped	Change Controller	■ Controller failure ■ VAD failure ■ VAD thrombus	 Exchange controller Contact Medtronic Clinical Support Download/email patient log files
		Controller Failed	Change Controller	Controller component failed	Exchange controllerContact Medtronic Clinical Support
		Critical Battery	Replace Battery 1	Limited battery 1 or battery 2 time remaining	 Replace critical battery with fully charged battery or the AC or DC adapter
		Critical Battery	Replace Battery 2	Battery malfunction	Change controller if new power sources
		-	Ala	rm Type: Medium	
Alarm Symbol	Alarm Tone	LCD Display Line 1	LCD Display Line 2	Potential Causes	Potential Actions
Flashing Yellow	Intermittent beep-gradual increase in alarm volume over time if not muted Able to mute alarm for 5 minutes or 1 hour Electrical Fault (audio) and Controller Fault (audio) can be	Controller Fault Controller Fault	Call: ALARMS OFF	Controller component malfunction but pump still working Controller component malfunction Suction Detection disabled Low Flow alarm disabled VAD Connect alarm may be disabled High Power alarm may be disabled	Confirm frequency and duration of alarm, concurrent alarms, and pump flow/speed/power Assess patient for complaints of shortness of breath, chest pain, palpitations, dizziness, etc. Isolated alarm should be monitored with download at next visit Multiple alarms within 24 hours without other issues will be assessed at non-emergent visit Multiple alarms within 1 hour with other alarms or symptoms replace controller and assess in emergent visit Download/email patient log files from original (alarming) controller and new controller Contact Medtronic Clinical Support
	permanently disabled Press the scroll button on the controller to clear resolved medium alarm messages	High Watts	Call	■ HVAD™ Pump Watts have exceeded High Power alarm threshold ■ Alarm threshold set too close to average power ■ VAD thrombus ■ High RPM ■ High flow ■ VAD electrical fault	 Confirm correct settings for High Power alarm and pump speed Consider checking blood coagulation labs Assess patient for hemolysis Download/email patient logs files Consider ECHO to confirm unloading of heart, check for aortic insufficiency, thrombus, etc. Contact Medtronic Clinical Support
		Electrical Fault	Call	Fault in continuity of pump-to-controller electrical connections Partial driveline fracture Connector malfunction Controller component failure VAD malfunction	Check driveline cover and ensure driveline connector is engaged Inspect driveline for defects Download/email patient log files Contact Medtronic Clinical Support
		Low Flow	Call	Average flow below Low Flow alarm threshold Alarm threshold set too close to average flow Suction RPM too high or too low Poor VAD filling (right ventricular failure, hypovolemia, tamponade, arrhythmias, inflow cannula obstruction, etc.) High blood pressure Outflow graft kink	Confirm VAD parameters If possible, confirm correct settings for Low Flow alarm limit and viscosity Confirm blood pressure (MAP < 85 mm Hg) Evaluate cause of poor left ventricle filling (include attaching patient to monitor to evaluate pump wave form) and consider volume resuscitation if indicated If no potential patient cause can be identified—download/email patient log files Consider ECHO Contact Medtronic Clinical Support
		Suction	Call	■ RPM too high ■ Poor VAD filling (right ventricular failure, hypovolemia, tamponade, arrhythmias, inflow cannula obstruction, etc.) ■ VAD thrombus	Confirm pump flow trends to evaluate a decrease in mean flow Download/email patient log files Consider volume resuscitation and/or correct cause of poor left ventricle filling Consider decreasing pump speed Contact Medtronic Clinical Support Consider ECHO
Alarm	Alarm	LCD Display	LCD Display	larm Type: Low Potential Causes	Potential Actions
Symbol	Tone	Line 1	Line 2	Datt.	Parlace I I II
Solid Yellow	Intermittent beep-gradual increase in	Low Battery 1 Low Battery 2	Replace Battery 1 Replace Battery 2	■ Battery power is low	Replace low battery
	alarm volume if not muted Able to mute alarm for minutes	Power Disconnect Power Disconnect	Reconnect Power 1 Reconnect Power 2	Power source is disconnected or malfunctioning	Reconnect power source Replace power source Replace controller

Brief Statement: HVAD™ System

Indications: The HeartWare™ Ventricular Assist System is indicated for use as a bridge to cardiac transplantation in patients who are at risk of death from refractory end-stage left ventricular heart failure. The HeartWare System is designed for in-hospital and out-of-hospital settings, including transportation via fixed wing aircraft or helicopter.

Contraindications: The HeartWare System is contraindicated in patients who cannot tolerate anticoagulation therapy.

Warnings/Precautions: Proper usage and maintenance of the HVAD™ System is critical for the functioning of the device. Never disconnect from two power sources at the same time (batteries or power adapters) since this will stop the pump, which could lead to serious injury or death. At least one power source must be connected at all times. Always keep a spare controller and fully charged spare batteries available at all times in case of an emergency. Do not expose batteries to excessive shock or vibration since this may affect battery operation. Do not grasp the driveline cable as this may damage the driveline. Do not pull, kink or twist the driveline or the power cables, as these actions may damage the drivieline. Special care should be taken not to twist the driveline including while sitting, getting out of bed, adjusting the controller

or power sources, or when using the shower bag. Do not disconnect the driveline from the controller or the pump will stop. If this happens, reconnect the driveline to the controller as soon as possible to restart the pump.

Potential complications: Implantation of a Ventricular Assist Device (VAD) is an invasive procedure requiring general anesthesia, a median sternotomy, a ventilator and cardiopulmonary bypass. There are numerous risks associated with this surgical procedure and the therapy including but not limited to, death, stroke, device malfunction, peripheral and device-related thromboembolic events, bleeding, infection, hemolysis and sepsis.

Refer to the "Instructions for Use" for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions and potential adverse events prior to using this device. The IFU can be found at www.heartware.com/clinicians/instructions-use

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.

Medtronic

14400 NW 60th Ave Miami Lakes, FL 33014 Tel: (305) 364-1402 Fax: (954) 874-1401

heartware.com

US1200 Rev02 1/17 © Medtronic 2017 Minneapolis, MN All Rights Reserved

Printed in the USA 01/2017 Heartware, HVAD, Medtronic and the Medtronic logo are registered trademarks of Medtronic.

