HeartMate 3™ Log Sheet

Patient: **Date of Birth:**

Date	Time	Flow (3-8)	Speed	PI (2-8)	Power (3-8)	Blood Pressure if able	Morning Weight	Temp (oral)	Controller Self-Test √	Driveline Safety Tab √	Dressing Change √	INR	DOSE	NOTES

Notify VAD team with the start of any new medications.

CALL VAD Office with abnormal parameters, weights, etc: 612-863-5638

CALL VAD EMERGENCY PHONE FOR ALARMS: 612-916-6638

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