



Allina Health

**ABBOTT
NORTHWESTERN
HOSPITAL**

Caregiver Agreement

Your family member has received a Left Ventricular Assist Device (LVAD) as a result of severe heart failure. In an effort to assist them to live independently at home with this device, we have outlined expectations that are necessary for a successful transition. It is important that these expectations be followed to minimize risks while living outside of the hospital setting.

You have agreed to be a caregiver for your family member. They will need 24/7 care for a **MINIMUM** of 30 days once they are discharged home. It could be longer depending on your family member’s health status. This **DOES NOT** include time spent in a rehabilitation facility.

Caregiving responsibilities include:

1. Participating in LVAD education with a LVAD RN Coordinator during regular business hours M-F
2. Providing transportation for your family member to and from clinic appointments on a weekly and/or monthly basis for approximately 6-8 weeks, or until advised by the LVAD team
3. Being physically present at home with your family members to provide assistance with LVAD cares, household chores, meal prep, errands, etc.
4. You agree to never leave the Patient alone until advised by the LVAD team.
5. You must have the ability to call 911 in an emergency

Caregiver Education Overview:

1. Basic overview of LVAD function
2. Care and function of all LVAD equipment (controller, batteries, power source, battery charger, and cables)
3. Dressing change to the driveline exit site
4. Changing from battery to wall power and back
5. The meanings of alarms and lights of all equipment
6. Appropriate and emergent responses to abnormal LVAD conditions including controller change
7. Medication management

As a caregiver, it is important that you demonstrate a willingness to follow the guidelines, restrictions and expectations that we have outlined for you. By signing this agreement you consent to being a caregiver in coordination with the Advanced Heart Failure team at Abbott Northwestern Hospital, wherein you make the commitment to demonstrate compliance and adherence to the responsibilities as stated above.

I agree to the above terms.

_____ (caregiver) _____ (date)

_____ (relationship to Patient)

_____ (Daytime telephone)

_____ (Email; optional)

_____ (witness) _____ (date)