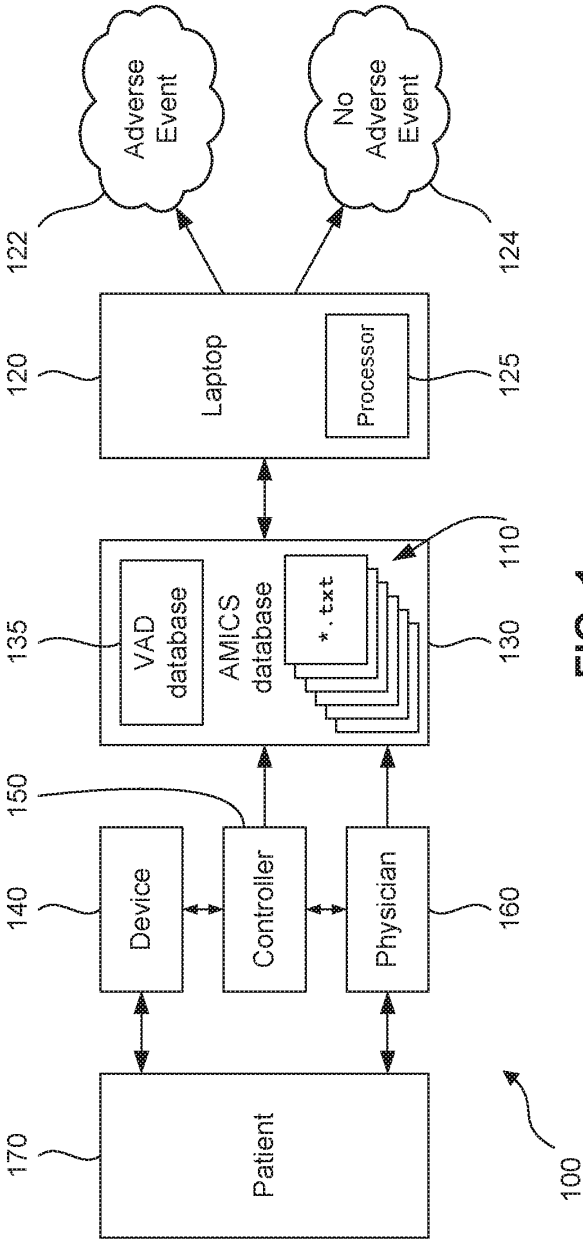
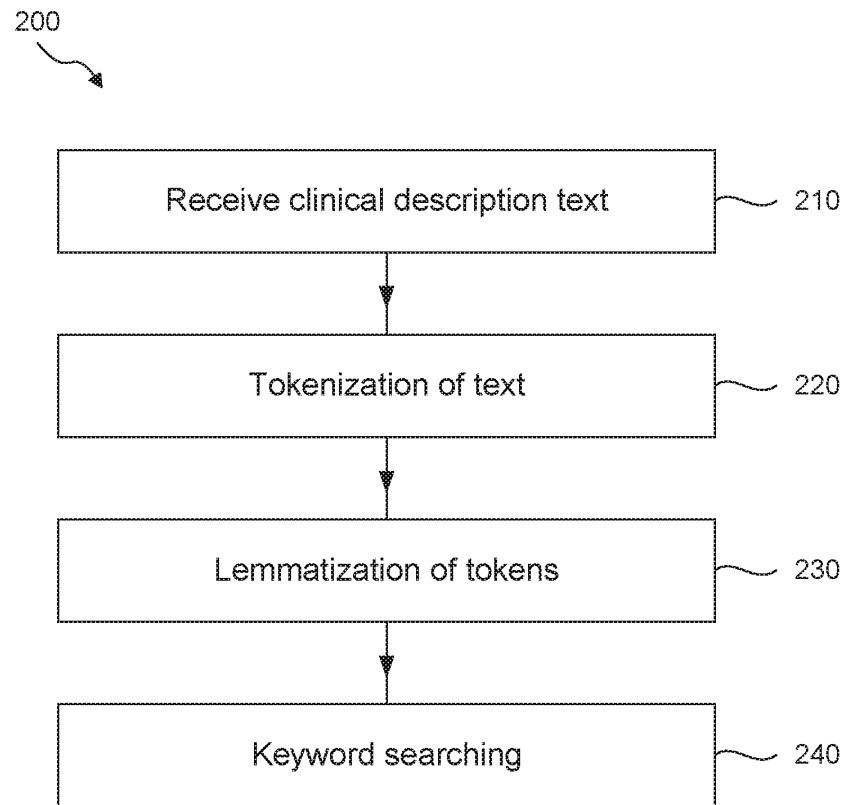




2 / 6**FIG. 2**

3 / 6

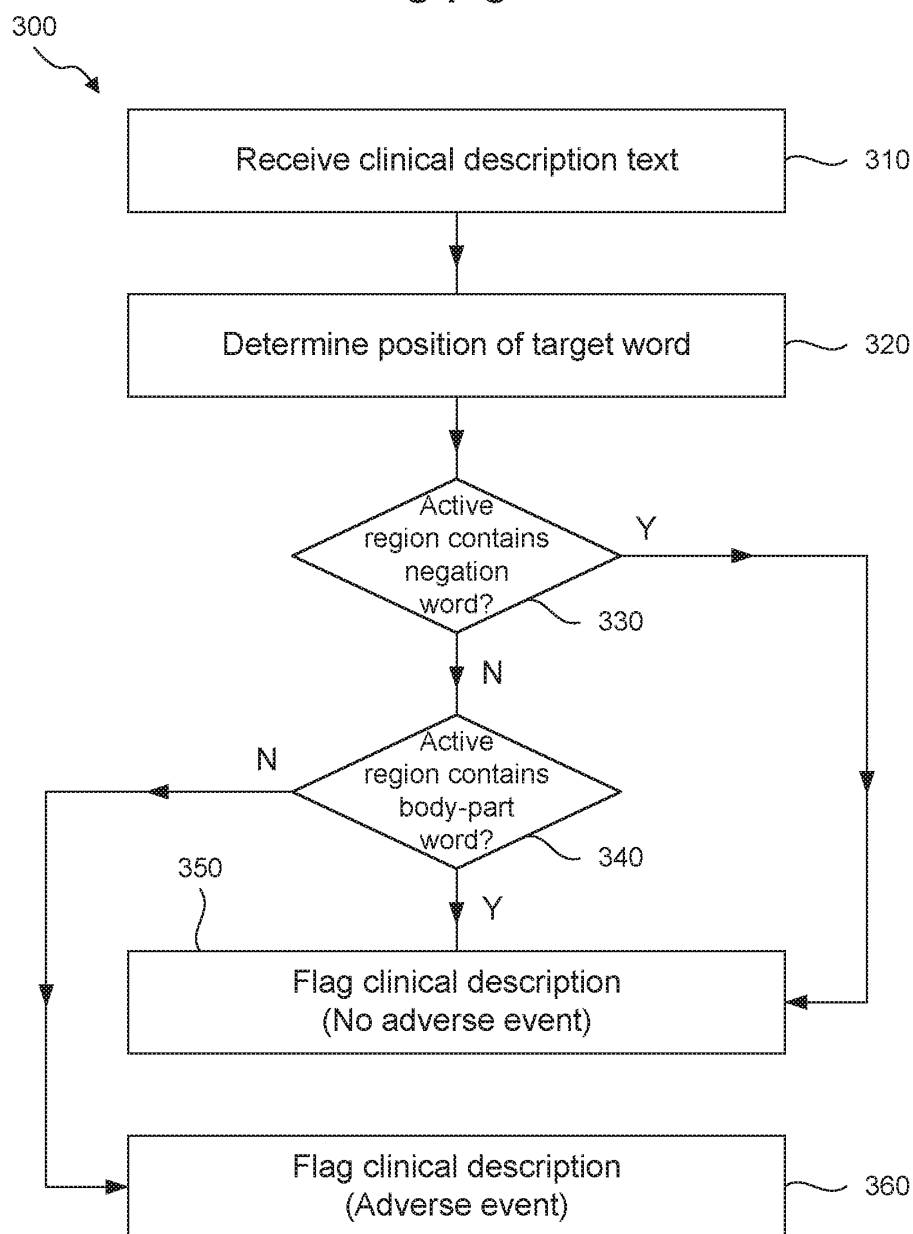


FIG. 3

4 / 6

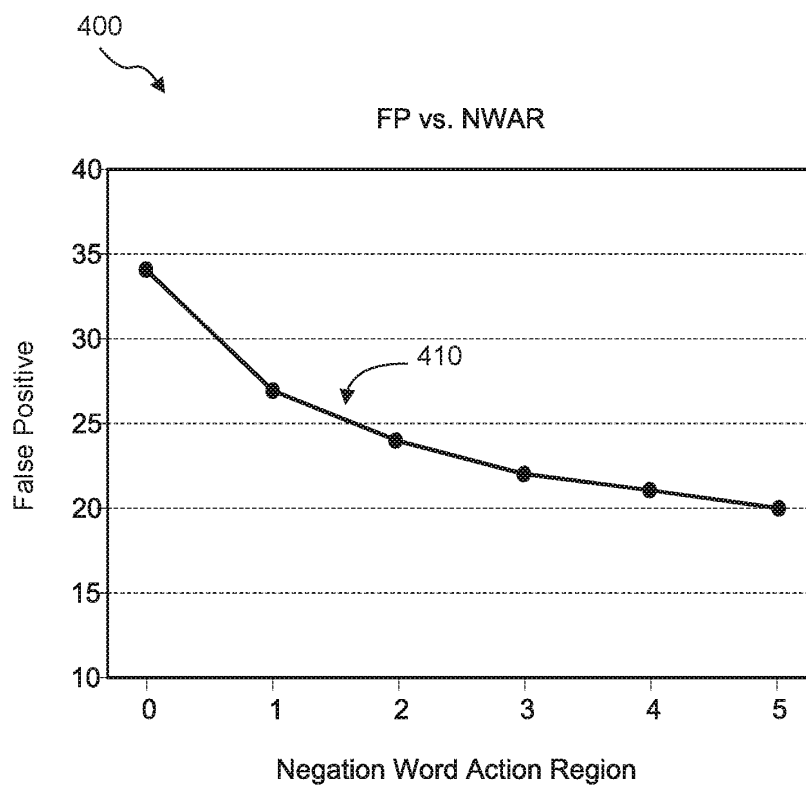


FIG. 4

5 / 6

Description: Pt presented after 5 days of active chest pain and SOB. subtotal LAD/CTO CIRC/ CTO RCA. Dr Pershad placed Impella immediately knowing pt would not tolerate extensive revasc. PTCA and stented all lesions- during RCA fix pt lost pulsatility, but was still talking with staff. Completed revasc without any complications. double percutaneous technique completed without complications and no bleeding 510

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FIG. 5A

Description: Cardiac Arrest patient with history of heart failure and CABG. Currently on Neo, Levo and unconfirmed amount of Epi. Patient was down and CPR performed by EMT and bystander prior to EMT arrival. Patient is awake and alert although intubated. Patient is on P6 with flows of 2.6 L/min. little difference in flows between P6 and P8 as patient is fairly constricted peripherally. Plan to wean Epi and Levo as soon as possible. Waiting for central line or Swan to be placed for assessment. He is currently getting volume at around 300 per hour. Watching output and have discussed potentially giving Lasix but will watch volume status for Impella. Have given bolus of 500 for volume after echo. Pressure is 91/76/80. PP is 602. purge flow is 11.2. MC at 619/489/546. groin site is dry with no evidence of bleeding at all. 10-24 parameters remain steady. Dialysis was started this morning at 7 am. MAP in the 70's with narrow pulse pressure. Patient is still alert and aware but lightly sedated. Patient passed last night

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FIG. 5B

6 / 6

Description: Pt was a pericardial window and crumped. Impella placed. PMH:Hypothyroidism due to resection due to thyroid cancer, HTN, CAD, kidney transplant, scoliosis. Initially placed independent and arrived onsite for unit management. on p4 flow 1.4-very small in size individual. PS: 116/80(95), MC: 502/ 630 288(281), PP: 502, PIF: D5 with 6250 hep at 11.2. Gtts: Dopa 10, Levo 30. Issue now is distended abdomen and multiple foley attempts-no urine output as of yet. 11/24 Called several times for an update. Nurse is very busy, she will call the 800# with the update when she gets a chance. MA 11/25 CSC PM Update Pt is very sick and they feel she is bleeding into her abdomen. Pt is off all Heparin. P/IF 8/1.4 PS 121/74 MC 542/340 PP/PF 480/12.2 UOP- Zero Gtts: Epi and Levo Going to get multiple blood 620 products tonight. . Pt is in sinus tach- rate of 140. Plan is to explant tomorrow and insert Quinton catheter for dialysis. Pt is in Liver failure. Will call the 800# with any issues. MA 11/26 CSC PM update: Spoke with charge RN who reported the Impella was removed and the patient is currently stable. Date/ time of explant and outcome edited. RD 610

FIG. 6A

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Description: Pt presented to ER acute MI and emergently brought to Cath lab Successful PCI with 3 stents to cfx, 3 stents to Lad, and 1 to left main. Somewhat stable. Having left groin bleed so Integrelin placed on hold. No systemic heparin for now. ACT 110-120. To eval this AM for restarting. Nurse made aware need for anticoagulation and pump protection. Does have D5 with 6250 Heparin in purge. Has lost placement signal despite attempt to aspirate back. Remote link up and running. Nurse comfortable with Impella. 1/11 CSC PM Update: Spoke with Cindy Impella removed at 6pm and pt doing well. Will update case with date, time and outcome. MA 680

FIG. 6B

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