

HEART FAILURE AND TRANSPLANT CARDIOLOGY PROGRAM



The Advanced Heart Failure and Transplant Cardiology Program at Robert Wood Johnson University Hospital (RWJ) offers a full spectrum of care for the advanced heart failure patient, including biventricular pacemakers, left ventricular assist devices, access to clinical trials, and a Medicare-certified heart transplantation service with shorter waiting times than hospitals in New York City and Philadelphia.

We offer a dedicated multidisciplinary team of physicians, coordinators, nurse practitioners, social worker and a nutritionist available 24/7 to provide the most comprehensive care for your patients.



ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY PROGRAM

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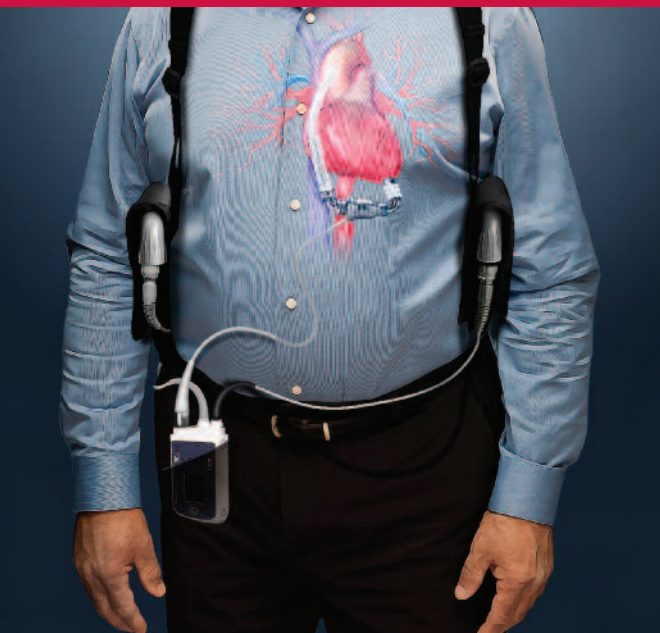


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ABOUT OUR PROGRAM

HEART TRANSPLANT

- Extensive evaluation and management by a dedicated multidisciplinary team
- Optimized medical management by frequent office visits and phone calls for titration of ACEI/ARB & beta-blockers
- Initiation and management of inotrope therapy for appropriate patients
- Dedicated team: coordinators, nurse practitioners, social worker and nutritionist

VENTRICULAR ASSIST DEVICES (VADs)

- Short term/acute mechanical circulatory support: AB 5000, IMPELLA 2.5 & 5.0 and Centrimag

HEART FAILURE

- Dedicated team: coordinators, nurse practitioners, social worker and nutritionist
- Long term mechanical circulatory support as bridge or destination therapy (DT) (RWJ has Joint Commission Certification for bridge to transplant and DT)
- RVAD
- LVAD
- Biventricular Support

PATIENT REFERRAL GUIDELINES

Advanced Heart Failure Risk Factors

Patients with more than one of the following risk factors and who are New York Heart Association (NYHA) Class III or IV should be considered for referral for heart transplant or mechanical circulatory support (MCS):

1. Inability to walk one block without shortness of breath
2. One or more heart failure-related hospital admissions in the past 6 months
3. If diuretic dose > than 120mg/day Furosemide or escalating doses needed for control
4. Intolerant or refractory to ACE inhibitors, angiotensin receptor blockers, or beta-blockers
5. CRT nonresponders
6. Serum sodium < 136 mmol/L
7. Bun > 40 mg/dl or serum creatinine > 1.8 mg/dL
8. Hematocrit < 35%

References:

1. Russell SD, Miller LW, Pagani FD. Advanced heart failure: a call to action. *Congest Heart Fail.* 2008; 14(6):316-321.
2. Teuteberg JJ, Lewis EF, Nohria A, et al. Characteristics of patients who die with heart failure and low ejection fraction in the new millennium. *J Card Fail.* 2006; 12(1):47-53.
3. Slaughter MS, Rogers JG, Milano CA, et al; HeartMate II Investigators. Advanced heart failure treated with continuous-flow left ventricular assist device. *N Engl J Med.* 2009; 361(23):2241-2251.

Heart I-Drive Referral Guidelines for Transplant VAD

