



Pulmonary artery catheters in patients listed for heart transplantation

CICU patients listed for heart transplantation may require a pulmonary artery catheter (PAC) for clinical assessment and transplant listing.

In the case of hemodynamically unstable (or marginally stable) heart transplant listed patients requiring a PAC for assessment, PAC exchange should be done every 4-6 weeks and can be delayed if the PAC is functioning well (assuming no clinical concerns, including lack of site sterility, PAC dysfunction, etc.). A preference to the left internal jugular vein should be given when possible to preserve the right internal jugular vein for post-transplant endomyocardial biopsies.

In the case of **hemodynamically stable transplant listed patients, it is reasonable to provide patients with a “line holiday” from a PAC assuming it does not affect their listing status.** For example, a status 2 listed patient with an axillary Impella who is hemodynamically stable with relatively stable diuretic requirements may do well with a line holiday. This will work to minimize line infections and maximize patient experience. In lieu of a PAC, alternate form of central access (e.g. PICC line) is ideal.

This applies ONLY to patients listed for heart transplantation.