

(place patient label here)

Patient Name: \_\_\_\_\_



## Implantable Cardiac Device - PREprocedure

### General

- *Order for Specific Procedure*
- *\*\*\*Obtain Written Authorization for Specific Procedure Requested\*\*\**
  - ☐ Implantable Cardiac Device (CVL)  
Bi-Ventricular Pacemaker Implantation with Permanent Lead Placement  
Device Company: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_  
Service Date Requested: \_\_\_\_\_
  - ☐ Implantable Cardiac Device (CVL)  
Defibrillator Implantation  
Device Company: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_  
Service Date Requested: \_\_\_\_\_
  - ☐ Implantable Cardiac Device (CVL)  
Defibrillation Threshold Testing  
Device Company: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_  
Service Date Requested: \_\_\_\_\_
  - ☐ Implantable Cardiac Device (CVL)  
Implantable Cardiac Defibrillator Generator Exchange  
Device Company: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_  
Service Date Requested: \_\_\_\_\_
  - ☐ Implantable Cardiac Device (CVL)  
Lead Revision with Possible Lead Replacement  
Device Company: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_  
Service Date Requested: \_\_\_\_\_
  - ☐ Implantable Cardiac Device (CVL)  
Loop Recorder  
Device Company: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_  
Service Date Requested: \_\_\_\_\_
  - ☐ Implantable Cardiac Device (CVL)  
Pacemaker Generator Exchange  
Device Company: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_  
Service Date Requested: \_\_\_\_\_
  - ☐ Implantable Cardiac Device (CVL)  
Pacemaker Implantation with Permanent Lead Placement  
Device Company: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_  
Service Date Requested: \_\_\_\_\_
  - ☐ Miscellaneous CVL Procedure (CVL)  
Specific Procedure Requested (No Abbreviations) \_\_\_\_\_  
Left, Right, Both [☐Both ☐Left ☐Right ]  
Reason for Exam \_\_\_\_\_  
Service Date Request \_\_\_\_\_  
Additional Instructions \_\_\_\_\_

Initials: \_\_\_\_\_

(place patient label here)

Patient Name: \_\_\_\_\_



## Implantable Cardiac Device - PREprocedure

### Activity

- ☒ Up Ad Lib
- Up Ad Lib Frequency:
- Additional Instructions:

### Nursing Orders

- ☒ Full Hibiclens Shower the Night Prior and Morning of Procedure
- Additional Instructions:
- ☒ Hibiclens Scrub Prior to Procedure
- Additional Instructions: Scrub upper chest, neck and bilateral axillae prior to procedure. Clip hair with clippers ONLY. No razor.
- ☒ IF Diabetic Fasting Blood Sugar Upon Arrival to ACU/Cath Lab for Procedure
- ☒ NPO for 4 Hours Prior to Procedure
- ☒ No Food 8 Hours Prior to Procedure

### Notify Provider

- ☒ Notify Cardiologist of Abnormal Labs
- ☒ IF Having General Anesthesia
- Additional Instructions: Give scheduled am Beta Blocker with sip of water prior to surgery. Hold if heart rate less than 50. Notify Anesthesia if dose not given.

### Diet

- ☐ NPO Diet after midnight

### IV/Line Insert and/or Maintain

- ☒ Peripheral IV Insert/Maintain
- Additional Instructions: [☐Place in LEFT arm ☐Place in RIGHT arm ]

### IV Fluids-Maintenance Specific Fluids

- ☐ Normal Saline intravenously at 75 mL per hour -- Label Comments : Begin Infusion 1 hour before procedure start time

### Medications

- ☒ GROUP 1 Prophylactic Agents

### Laboratory

- Admission labs or labs to be obtained now
  - ☒ MRSA/MSSA by PCR
  - Source:
    - ☐ CBC/AUTO DIFF
    - ☐ BASIC METABOLIC PANEL
    - ☐ MAGNESIUM LEVEL, PLASMA
    - ☐ PT (PROTIME AND INR)
    - ☐ PTT

Initials: \_\_\_\_\_

(place patient label here)

Patient Name: \_\_\_\_\_



## Implantable Cardiac Device - PREprocedure

### Radiology and Diagnostic Tests

☐ ECG Routine

Reason for ECG: \_\_\_\_\_

Additional Instructions:

☐ XR Chest PA and Lateral  
Routine

Reason for exam: \_\_\_\_\_

Additional Instructions:

### Consult Department

☐ Consult Anesthesia for \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Initials: \_\_\_\_\_