PREOPERATIVE EVALUATION AND RECOMMENDATIONS FOR CARDIAC IMPLANTABLE ELECTRONIC DEVICES

Patient		DOB	MRN	
Surgeon	Phone		Fax	
Procedure	edure Date/time of procedure			
Anatomic location of procedure	e Patient position during procedure		procedure	
Cardiologist	Phone		Fax	
Type of device: Pacemaker 🗌 ICD 🔄 Date of last interrogation/threshold				
Manufacturer and Model	facturer and Model Indication for device			
Is the patient pacemaker dependent? Yes 🗌 No 🗌 Underlying rhythm				
Any alerts on CIED generator or lead? Yes 🗌 No 🗌 Remaining battery longevity				
Are any leads <3 months? Yes \Box No \Box				
Current setting: Pacing mode	Lowe	r rate	Upper rate	
Is Rate Response (RR) on: Yes 🗌 No 🗌	Type of RR			
Response to a magnet placement Magnet pacing rate				
Will ICD detection resume automatically with removal of the magnet? Yes \square No \square N/A \square				
Does the device allow for the magnet application to be disabled? Yes \square No \square				
ICD programming				
Device Rep needed? Yes 🗌 No 🗌				
<u>Pacemaker</u>		ICD		
No programming or magnet required.		No programming or magnet required.		
Magnet application during surgery, cautery use, or		☐ Magnet application during surgery or with cautery use.		
inhibition of pacing.*		Programming required—program detections/ICD		
Programming required—VOO or DOO before surgery*		Therapy off.*		
*Requires continuous ECG monitoring while in asynchronous mode.		Program Pacing function to VOO, DOO, or cautery		
		mode.*		
		*Requires continuous ECG monitoring while inactivated.		
Cardiologist or Representative			Date	
Device representative contacted by surgeon's office				
To request a device representative: Medtronic: 800.633.8766 St	. Jude: 800.722.342	23 Guidant/Boston	Scientific: 800.227.3422	

First Hill Surgery Center pre-admission clinic fax: 206.720.7766

