

**Northwestern Medicine McHenry Hospital**

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INDICATORS/DIAGNOSIS \_\_\_\_\_

ALLERGY	REACTION

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

 Smoker:  Yes  No

**PRE-CARDIAC PACEMAKER/IMPLANTABLE CARDIAC DEFIBRILLATOR ORDERS**

Name:	DOB:	Home phone:	Cell:																														
Diagnosis:	Scheduled for Date:		Time:																														
Procedure (CPT Code):	H&P performed by:																																
ICD10 Code:																																	
<b>Permit to read:</b>																																	
Operative permit to read:		Company:																															
<input type="checkbox"/> Insertion of implanted cardioverter/defibrillator		<input type="checkbox"/> Boston Scientific																															
<input type="checkbox"/> Insertion of bi-ventricular pacemaker		<input type="checkbox"/> Medtronic																															
<input type="checkbox"/> Insertion of permanent pacemaker		<input type="checkbox"/> St. Jude																															
<input type="checkbox"/> End of life generator replacement		<input type="checkbox"/> Biotronik																															
<input type="checkbox"/> Lead revision		<input type="checkbox"/> Other _____																															
<input type="checkbox"/> Insertion of implantable loop recorder																																	
<p>NPO six (6) hours prior to procedure unless otherwise ordered by physician.            Home medications per Pre-cardiac/Interventional Radiology guidelines.            May give medications with sip of water as instructed by physician.            Hold the following medications prior to procedure:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> <b>warfarin</b> (COUMADIN)</td> <td style="width: 30%;">Hold for _____ days</td> <td style="width: 40%;">Last dose taken on _____</td> </tr> <tr> <td><input type="checkbox"/> <b>clopidrogel</b> (PLAVIX)</td> <td>Hold for _____ days</td> <td>Last dose taken on _____</td> </tr> <tr> <td><input type="checkbox"/> <b>prasugrel</b> (EFFIENT)</td> <td>Hold for _____ days</td> <td>Last dose taken on _____</td> </tr> <tr> <td><input type="checkbox"/> <b>heparin</b></td> <td>Hold for _____ <b>hours</b></td> <td>Discontinued at _____ am/pm</td> </tr> <tr> <td><input type="checkbox"/> <b>aspirin</b></td> <td>Hold for _____ days</td> <td>Last dose taken on _____</td> </tr> <tr> <td><input type="checkbox"/> <b>enoxaparin</b> ((LOVENOX)</td> <td>Hold for _____ days</td> <td>Last dose taken on _____</td> </tr> <tr> <td><input type="checkbox"/> <b>dabigatran</b> (PRADAXA)</td> <td>Hold for _____ days</td> <td>Last dose taken on _____</td> </tr> <tr> <td><input type="checkbox"/> <b>rivaroxaban</b> (XARELTO)</td> <td>Hold for _____ days</td> <td>Last dose taken on _____</td> </tr> <tr> <td><input type="checkbox"/> <b>edoxaban</b> (SAVAYSA)</td> <td>Hold for _____ days</td> <td>Last dose taken on _____</td> </tr> <tr> <td><input type="checkbox"/> <b>apixaban</b> (ELIQUIS)</td> <td>Hold for _____ days</td> <td>Last dose taken on _____</td> </tr> </table>				<input type="checkbox"/> <b>warfarin</b> (COUMADIN)	Hold for _____ days	Last dose taken on _____	<input type="checkbox"/> <b>clopidrogel</b> (PLAVIX)	Hold for _____ days	Last dose taken on _____	<input type="checkbox"/> <b>prasugrel</b> (EFFIENT)	Hold for _____ days	Last dose taken on _____	<input type="checkbox"/> <b>heparin</b>	Hold for _____ <b>hours</b>	Discontinued at _____ am/pm	<input type="checkbox"/> <b>aspirin</b>	Hold for _____ days	Last dose taken on _____	<input type="checkbox"/> <b>enoxaparin</b> ((LOVENOX)	Hold for _____ days	Last dose taken on _____	<input type="checkbox"/> <b>dabigatran</b> (PRADAXA)	Hold for _____ days	Last dose taken on _____	<input type="checkbox"/> <b>rivaroxaban</b> (XARELTO)	Hold for _____ days	Last dose taken on _____	<input type="checkbox"/> <b>edoxaban</b> (SAVAYSA)	Hold for _____ days	Last dose taken on _____	<input type="checkbox"/> <b>apixaban</b> (ELIQUIS)	Hold for _____ days	Last dose taken on _____
<input type="checkbox"/> <b>warfarin</b> (COUMADIN)	Hold for _____ days	Last dose taken on _____																															
<input type="checkbox"/> <b>clopidrogel</b> (PLAVIX)	Hold for _____ days	Last dose taken on _____																															
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<input type="checkbox"/> <b>edoxaban</b> (SAVAYSA)	Hold for _____ days	Last dose taken on _____																															
<input type="checkbox"/> <b>apixaban</b> (ELIQUIS)	Hold for _____ days	Last dose taken on _____																															
<input type="checkbox"/> Hold morning dose of insulin and all oral diabetic medications; if on <b>metformin</b> (GLUCOPHAGE), or metformin containing medications, <b>hold for 24 hours.</b>																																	

<b>LABS &amp; DIAGNOSTICS</b> (Required diagnostic tests within 30 days please place on chart):	
Testing ordered	Completed
<input type="checkbox"/> CBC	
<input type="checkbox"/> BMP	
<input type="checkbox"/> PT	
<input type="checkbox"/> PTT	
<input type="checkbox"/> Magnesium	
<input type="checkbox"/> Serum HCG (if not menstrual period free for 1 year)	
<b>If on chronic warfarin (COUMADIN) therapy, PT/INR morning of procedure</b>	
<input checked="" type="checkbox"/> <i>Call implanting physician if INR result is 1.3 or greater</i>	
<b>12 lead EKG</b> (12 lead <b>required</b> prior to ICD implant)	
<input type="checkbox"/> Chest X-ray	
Insert intravenous catheter on side of implant and start 0.9% normal saline IV at 100 mL/hour unless otherwise indicated. All intravenous fluids require extension tubing. Lidocaine (XYLOCAINE MPF) 10mg/mL (1%) injection 0.25mL, intradermal or transdermal, as needed for pre-procedure IV start.	
<input type="checkbox"/> IV fluids _____ at _____ mL/hour	
<input type="checkbox"/> Insert Saline Lock intravenous catheter on side of implant only (no IV fluids to be infused pre-procedure).	
Pre procedural medications on call to lab. Check those that apply:	
<input type="checkbox"/> <b>diazepam</b> (VALIUM) 5mg PO <input type="checkbox"/> <b>diazepam</b> (VALIUM) 10mg PO	
<input type="checkbox"/> <b>diphenhydramine</b> (BENADRYL) 25mg PO <input type="checkbox"/> <b>diphenhydramine</b> (BENADRYL) 50mg PO	
<b>ANTIBIOTICS</b>	
Administer on call to Cath Lab or Operating Room for pacemaker/defibrillator implants:	
<input type="checkbox"/> <b>cefazolin</b> (ANCEF) 2 grams IVPB / 3 grams if patient weighs > 120kg	
<input type="checkbox"/> <b>clindamycin</b> (CLEOCIN) 600mg IVPB if penicillin allergic	
<input type="checkbox"/> <b>Vancomycin</b> 1 gram IVPB (pharmacy to dose adjust for creatinine clearance)	
To be given on call to Cath Lab or procedural area for Implantable Loop Recorders:	
<input type="checkbox"/> <b>amoxicillin-clavulanate</b> (AUGMENTIN) 875mg/125mg PO	
<input type="checkbox"/> <b>clindamycin</b> (CLEOCIN) 300mg PO if penicillin allergic	
Scrub entire chest and neck with 2% <b>chlorhexadine</b> (HIBICLENS) the night before implant and the morning of implant.	
Additional orders: _____ _____ _____ _____ _____ _____ _____	

\_\_\_\_\_ Physician's Name (Please Print)      \_\_\_\_\_ Physician Signature      \_\_\_\_\_ ID#      \_\_\_\_\_ Date      \_\_\_\_\_ Time