



fraserhealth

# Regional Pre-Printed Orders for IMPLANTABLE CARDIAC ELECTRICAL DEVICES - Pre-Procedure (Step 1 of 2)



Form ID: DRDO104949B

Rev: Jan 2016

Page: 1 of 2

DRUG & FOOD ALLERGIES

- **Mandatory**     **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

**Step 1 of 2 - Pre-Procedure to be completed prior to  
Outpatient Admission or Inpatient Transfer from Referring Site or Unit  
(Step 2 - Pre-Procedure will be completed at Implanting Site)**

Laboratory Tests & Investigations

- If not done in last 30 days CXR (PA & Lateral)
- If not done in last 7 days - CBC, CP7, ECG and INR

Anticoagulants/antithrombotic/antiplatelet agents

- Continue **aspirin** and/or **clopidogrel** and/or **ticagrelor**
- Last dose of subcutaneous **low molecular weight heparin** 24 hours before procedure
- Discontinue **heparin** infusion 6 hours before procedure
- Continue **warfarin**. Ensure the INR is not above 3.0 on day of procedure
- If INR 2.5 or less on pre-procedure blood test – Continue **warfarin** at usual dose until day of procedure
- If INR above 3.0 on pre-procedure blood test – Notify attending physician and the Regional ICED Coordinator at 1-855-529-7223
- Discontinue **dabigatran, rivaroxaban, apixaban 48 hours** pre-procedure **if eGFR greater than 30**
- Discontinue **dabigatran, rivaroxaban, apixaban 72 hours** pre-procedure **if eGFR 30 or less**

---



---



---

Glycemic Management (for patients treated with **oral hypoglycemic agents** and/or **insulin**)

- For patients on an **oral hypoglycemic agent** and/or **short acting insulin** - Hold day of the procedure
- For patients on **long acting insulin** - Give half dose morning of the procedure.

---



---

Date (dd/mmm/yyyy)	Time	Prescriber Signature	Printed Name or College ID#



**Regional Pre-Printed Orders for  
IMPLANTABLE CARDIAC ELECTRICAL  
DEVICES - Pre-Procedure (Step 1 of 2)**



Form ID: DRDO104949B

Rev: Jan 2016

Page: 2 of 2

DRUG & FOOD ALLERGIES

- **Mandatory**     **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

**Step 1 of 2 - Pre-Procedure to be completed prior to  
Outpatient Admission or Inpatient Transfer from Referring Site or Unit  
(Step 2 - Pre-Procedure will be completed at Implanting Site)**

Nutritional Prep & Fasting/Thirsting

- Day before procedure eat an evening snack (as a nutritional prep) then NO solid food after midnight, but may have clear fluids drink as wishes
- Day of procedure drink 1 to 2 glasses (up to 500 mL) of apple or cranberry juice (as a nutritional prep) at 0500 hours - Wake patient if necessary, then NO fluids after 0500 hours

Cardiac Monitoring

- PPM, CRT, and CRT-P patient requires cardiac monitoring on transport to implanting site
- ICD and CRT-D patient requires cardiac monitoring on transport to implanting site
  - For patients requiring escort: as per ACLS protocol may transcutaneous pace for symptomatic bradycardia refractory to atropine
- **Place ECG electrodes behind the shoulders (avoid operative site)**

Skin Decontamination

- **chlorhexidine gluconate 2%** skin pre to upper body and neck. Applied night before procedure (for in-patients at referring hospital; for out-patients at home)
- Do not apply body products after bath/shower (e.g. perfume, deodorant, lotion, etc)
- Patient should put on freshly laundered clothing after each skin prep but no need to change sheets/bedding
- Do not shave or clip hair at operative site (will be done at implanting site in the procedure room)

Intravenous Therapy

- Pre-op morning - If not already in place, all patients to have a #20 gauge IV (insert in Right arm unless otherwise specified by operator)

Consent for Procedure

- If patient unable to give consent - family member or legal decision-maker must accompany patient to the implanting site to sign consent

Change in Clinical Status

- If the patient has a change in their clinical status (e.g. chest pain, CHF, fever) within 24 hours of their procedure, notify the attending physician and Regional ICED Coordinator at 1-855-529-7223

Date (dd/mmm/yyyy)	Time	Prescriber Signature	Printed Name or College ID#