



**Implantable Cardiac Electrical Devices (PPM, ICD, CRT-P, CRT-D)
OUTPATIENT PRE-PROCEDURE CHECKLIST**

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For Use By Non-Acute Service Providers For Outpatient Preparation

This checklist is a tool for patient referral and work-up prior to the procedure date. If necessary, please book blood work, CXR, and ECG with Pre-admission or Pre-procedure Clinic appointment. Fax results to the ICED Coordinator (Fax: 604-520-4977).

Required	Date Completed
1. Make sure all forms are completed in full (incomplete forms may delay scheduling): <ul style="list-style-type: none"> • ICED Referral Form • Regional Pre-Printed ICED Pre-Procedure (Step 1 of 2) Orders • OR Booking Package 	
2. Include Patient Summary at time of referral <ul style="list-style-type: none"> • For example: reason for referral, history, medication profile • <i>If available, include history of Antibiotic - Resistant Organisms</i> 	
3. Provide requisition and instructions for CXR (PA & Lateral) to be completed at a local FHA hospital <ul style="list-style-type: none"> • Within 30 days of scheduled procedure date • <i>If already completed at non-FHA hospital, please request that results be sent to FHA Medical Imaging department</i> 	
4. Provide requisition and instructions for CBC, E7, ECG to be completed at a local FHA hospital <ul style="list-style-type: none"> • Within 7 days of scheduled procedure date 	
5. If patient is on Warfarin (or Coumadin) <ul style="list-style-type: none"> • Provide requisition and instructions for INR to be completed at a local FHA hospital within 2 to 3 days of scheduled procedure date • <i>If INR greater than 2.0, notify ICED Coordinator at 1-855-529-PACE (7223)</i> 	
6. Check with referring physician about patient's anticoagulant, antithrombotic, antiplatelet agents <ul style="list-style-type: none"> • These may need to be adjusted • <i>If needed, physician may refer to bridging protocol for Warfarin on back of this page</i> 	
7. If patient <u>unable</u> to give consent <ul style="list-style-type: none"> • Instruct family member or legal decision-maker to accompany patient 	
8. Provide Patient & Family Information Guide <ul style="list-style-type: none"> • Appropriate PPM or CRT/ICD information guide given to patient 	
9. If patient's status changes <ul style="list-style-type: none"> • Notify ICED Coordinator at 1-855-529-PACE (7223) 	

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The information in this document is intended solely for the person to whom it was given by the health care team.

Anticoagulants / Antithrombotics / Antiplatelet Protocol Pre-Procedure

- Continue antiplatelet agents (like Aspirin)
- Last dose of subcutaneous **LOW MOLECULAR WEIGHT HEPARIN** 24 hours before procedure
- Last dose of **DABIGATRAN, RIVAROXIBAN** 72 hours before procedure
- Discontinue subcutaneous **HEPARIN** 12 hours before procedure
- Discontinue **HEPARIN** infusion 6 hours before procedure

Anticoagulation Bridging for mechanical mitral and aortic valves

- Stop **WARFARIN** 5 days prior to procedure (Last dose 6 days prior to procedure)
- Start Low Molecular Weight Heparin **ENOXAPARIN** (1.5 mg/kg SC daily to a maximum of 180 mg) 4 days before procedure - Consider **UNFRACTIONATED HEPARIN** if eGFR < 30 mL/min
- Last dose of **ENOXAPARIN** 24 hours before procedure

Consider bridging for high risk patients

http://www.bcguidelines.ca/pdf/warfarin_invasive.pdf

- Atrial fibrillation plus, either history of stroke/TIA, or ≥ 2 additional risk factors for cardioembolic events (recent cardiac failure, hypertension, age > 75 years, diabetes)
- DVT/PE occurring within past three months
- DVT/PE in patients with active cancer
- Hypercoagulable state with recent thrombotic episode, recurrent thrombosis or history of life-threatening thrombosis

Glycemic Management Protocol Pre-Procedure (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