



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

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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](http://www.bcguidelines.ca/pdf/warfarin_invasive.pdf)

- Atrial fibrillation plus, either history of stroke/TIA, or  $\geq 2$  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