6OR

CHESAPEAKE REGIONAL HEALTHCARE

CRH Preoperative Pacemaker/Defibrillator Information Form

Dr. _____ *(Cardiologist)* **Date of Request:** _____

You or your practice has been identified as managing this patient's implanted cardiac rhythm management device. Please complete the appropriate section of this form to assist in preparation of the proposed surgery. Preoperative cardiac evaluation may have been requested from the primary cardiologist.

TO BE COMPLETED BY SURGEON'S OFFICE STAFF:

Patient: _____ **DOB:** _____

Procedure: _____

Date of Procedure: _____ **Surgeon:** _____

Diagnosis: _____

Location of Procedure : ☐ CRMC ☐ VB ASC

Planned Postoperative Disposition: ☐ Outpatient ☐ Extended Recovery

☐ **Inpatient:** Expected LOS? _____ Clinical Reasons _____

TO BE COMPLETED BY CARDIOLOGIST/STAFF:

☐ Pacemaker ☐ Defibrillator (ICD/AICD)

Manufacturer: _____

Indications for Implantation: _____

Date of Last Interrogation: _____

Device Location: ☐ right chest ☐ left chest ☐ other _____

Is patient pacemaker dependent? ☐ Yes ☐ No **Underlying rhythm:** _____

FOR PACEMAKERS:

Will magnet application **temporarily** convert device to an asynchronous pacing mode? ☐ Yes ☐ No

If magnet is used, does device need interrogation and/or does patient need to follow up with cardiologist as an outpatient? ☐ Yes ☐ No

FOR DEFIBRILLATOR (ICD/AICD):

Will magnet application **temporarily** disable anti-tachycardia therapies? ☐ Yes ☐ No

Will magnet application **permanently** change any device settings? ☐ Yes ☐ No ☐ Unknown *

* *If unknown, device needs interrogation prior to procedure to determine if magnet use is safe.*

If magnet is used, does device need interrogation and/or does patient need to follow up with cardiologist as an outpatient? ☐ Yes ☐ No

ADDITIIONAL INFORMATION OR RECOMMENDATIONS:

_____

_____

_____

Cardiologist/PA/NP Signature: _____ **Phone/Pager:** _____

Date: _____ **Time:** _____

Fax this form and any associated documentation to: CRMC PSAT Fax: 757-312-6297 OR VBASC Fax: 757-312-6877

Patient Label