



# Baptist Hospital of Miami

BAPTIST HEALTH SOUTH FLORIDA

## PERIOPERATIVE PACEMAKER / ICD CHECKLIST

*This checklist to be placed in the patient's medical record*

### PREOP NURSE CHECKLIST (to be completed by the Preop Nurse)

<input type="checkbox"/>	Patient contacted and device identified
<input type="checkbox"/>	CIED Clinical Specialist contacted (x49642) Date: _____ Name: _____
<input type="checkbox"/>	CIED Clinical Specialist notified of date and time of surgery, anatomical location, anticipated use of electrocautery, lithotripsy and/or any other EMI (prone position, bone hammers / saws, mechanical ventilation, etc.)
Signature: _____ Date: _____ Time: _____	

### PERIOPERATIVE MANAGEMENT CHECKLIST (To be completed by CIED Clinical Specialist)

Manufacturer: \_\_\_\_\_ Date Implanted: \_\_\_\_\_

Location: \_\_\_\_\_ Date last interrogated: \_\_\_\_\_

Is there an alert status on the device? ☐ No ☐ Yes \_\_\_\_\_

Indication for device placement: \_\_\_\_\_

Device Type: ☐ Single chamber pacemaker ☐ Dual chamber AICD / pacemaker  
☐ Dual chamber pacemaker ☐ Biventricular AICD / pacemaker

PACEMAKER		
PRE-OP	CHANGED TO	POST-OP
Mode		Mode
Leads: <input type="checkbox"/> Unipolar <input type="checkbox"/> Bipolar		
Set Pacing Rate		Rate
Output (pacing threshold)		Output (pacing threshold)
<input type="checkbox"/> Magnet response enabled at rate of: _____		
Adaptive Mode: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> NA Rate: _____	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> NA	Adaptive Mode: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> NA Rate: _____
Underlying intrinsic Rate: _____ Rhythm: _____ Pacemaker Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No		Underlying intrinsic Rate: _____ Rhythm: _____ <input type="checkbox"/> Unchanged
Battery Life: <input type="checkbox"/> Adequate <input type="checkbox"/> End of life		

ICD (IMPLANTABLE CARDIOVERTER DEFIBRILLATOR)		
ICD Function: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> NA	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> NA	ICD Function: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> NA
<input type="checkbox"/> Magnet response enabled (anti-tachyarrhythmia therapy function will be disabled with magnet placement)		
ICD Discharge frequency <input type="checkbox"/> less than once per mo <input type="checkbox"/> greater than once per mo		
Date of last discharge: _____		

Pre-Op interrogation of device revealed normal function and battery life. Parameters set / changed as documented. Signature: _____ Date: _____ Time: _____	Post-Op interrogation of device revealed normal function and battery life. Parameters set / changed as documented. Signature: _____ Date: _____ Time: _____
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Notes: \_\_\_\_\_

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Electrophysiology Physician's Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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