

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)

Location: Date last interrogated: Is there an alert status on the device? \  \text{No } \  \text{Yes} \  Indication for device placement: \  \text{Device Type: } \  \text{Single chamber pacemaker } \  \text{Biventricular AICD / pacemaker } \  \text{Dougle chamber pacemaker } \  \text{Biventricular AICD / pacemaker } \  \text{Pacemaker } \  \text{Dougle chamber pacemaker } \  \text{Biventricular AICD / pacemaker } \  \text{Pacemaker } \  \text{Pacemaker } \  \text{Pacemaker } \  \text{Post-OP} \  \text{Mode } \  \text{Leads: } \  \text{Unipolar } \  \text{Bipolar } \  \text{Bipolar } \  \text{Set Pacing Rate } \  \text{Rate } \  \text{Output (pacing threshold)} \  \text{Unput (pacing threshold)} \  \text{Magnet response enabled at rate of: } \  \text{Adaptive Mode: } \  \text{On } \  \text{Off } \  \text{NA Rate: } \  \text{Underlying intrinsic Rate: } \  \text{Rhythm: } \  \text{Pacemaker Dependent: } \  \text{Yes } \  \text{No } \  \text{Battery Life: } \  \text{Adequate } \  \text{End of life } \  \text{Unchanged } \  \text{Battery Life: } \  \text{Adequate } \  \text{End of life } \  \text{Inction: } \  \text{On } \  \text{Off } \  \text{NA } \  \text{CD Function: } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{NA } \  \text{On } \  \text{Off } \  \text{Off } \  \text{On } \  \text{Off } \  \text{Off } \  \text{Off } \  \te	THEO ITOTIOE OFFICER (to be completed by the Fix	<del>30p ((d.00)</del>			
CIED Clinical Specialist notified of date and time of surgery, anatomical location, anticipated use of electrocautery, lith tripsy and/or any other EMI (prone position, bone hammers / saws, mechanical ventilation, etc.)  Signature:	Patient contacted and device identified				
tripsy and/or any other EMI (prone position, bone hammers / saws, mechanical ventilation, etc.)   Signature:	☐ CIED Clinical Specialist contacted (x49642) Date: Name:				
PERIOPERATIVE MANAGEMENT CHECKLIST (To be completed by CIED Clinical Specialist)   Manufacturer:				electrocautery, litho-	
Manufacturer:	Signature:		Date:	Time:	
Location: Date last interrogated: Is there an alert status on the device? No Yes Indication for device placement: Device Type: Single chamber pacemaker Biventricular AICD / pacemaker Pacemaker Dual chamber pacemaker Biventricular AICD / pacemaker Presone	PERIOPERATIVE MANAGEMENT CHECKLIST (To be o	completed by CIED	Clinical Specialist)		
Location: Date last interrogated: Is there an alert status on the device? No Yes Indication for device placement: Device Type: Single chamber pacemaker Biventricular AICD / pacemaker Pacemaker Dual chamber pacemaker Biventricular AICD / pacemaker Presone	Manufacturer: Date Implanted:				
Indication for device placement:  Device Type:   Single chamber pacemaker   Dual chamber AICD / pacemaker   Dual chamber pacemaker   Biventricular AICD / pacemaker   PRE-OP   CHANGED TO   POST-OP   Mode   Mode   Leads:   Unipolar   Bipolar   Set Pacing Rate   Rate   Output (pacing threshold)   Output (pacing threshold)		·			
Indication for device placement:  Device Type:   Single chamber pacemaker   Dual chamber AICD / pacemaker   Dual chamber pacemaker   Biventricular AICD / pacemaker   Dual chamber pacemaker   Biventricular AICD / pacemaker   Dual chamber pacemaker   Dual chamber AICD / pacemaker   Dual					
Device Type:   Single chamber pacemaker   Dual chamber AICD / pacemaker   Dual chamber pacemaker   Biventricular AICD / pacemaker					
PRE-OP CHANGED TO POST-OP  Mode  Leads: Unipolar Bipolar  Set Pacing Rate Output (pacing threshold) Output (pacing threshold)  Magnet response enabled at rate of:  Adaptive Mode: On Off NA Rate: On Off NA Adaptive Mode: On Off NA Rate: Underlying intrinsic Rate: Rhythm: Underlying intrinsic Rate: Rhythm: Adaptive Mode: On Off NA Rate: No Battery Life: Adequate End of life    CO (IMPLANTABLE CARDIOVERTER DEFIBRILLATOR)   ICD Function: On Off NA On Off NA ICD Function: On Off NA ICD	Device Type: ☐ Single chamber pacemaker ☐ Dual chamber AICD / pacemaker				
Mode  Leads: Unipolar   Bipolar   Bi					
Leads:		CHANGED TO		<u> </u>	
Set Pacing Rate  Output (pacing threshold)    Magnet response enabled at rate of:			Mode		
Output (pacing threshold)    Magnet response enabled at rate of:	·				
Magnet response enabled at rate of:					
Adaptive Mode: □ On □ Off □ NA Rate: □ On □ Off □ NA Adaptive Mode: □ On □ Off □ NA Rate: □ Underlying intrinsic Rate: □ Rhythm: □ Underlying intrinsic Rate: □ NHYTHM: □ Underlying intrinsic Rate: □ Underlying intr	, ,		Output (pacing threshold)		
Underlying intrinsic Rate: Rhythm:	☐ Magnet response enabled at rate of:				
Pacemaker Dependent:	Adaptive Mode:   On   Off   NA Rate:	□ On □ Off □ NA	Adaptive Mode: ☐ On ☐ Off ☐ NA	A Rate:	
ICD (IMPLANTABLE CARDIOVERTER DEFIBRILLATOR)   ICD Function:   On   Off   NA   ICD Function:   On   Off   NA     Magnet response enabled (anti-tachyarrhythmia therapy function will be disabled with magnet placement)   ICD Discharge frequency   less than once per mo   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:   Date:   Time:   Time:				_ Rhythm:	
ICD Function: On Off NA On Off NA ICD Function: On Off	Battery Life: ☐ Adequate ☐ End of life				
ICD Function: On Off NA On Off NA ICD Function: On Off	ICD (IMDI ANTARI E CARDIOVERTER DEFIRMI I ATOR)				
□ Magnet response enabled (anti-tachyarrhythmia therapy function will be disabled with magnet placement)   ICD Discharge frequency □ less 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: □ Date: □ Time: □ Date: □ Time:	,	1	<u>'</u>		
function will be disabled with magnet placement)  ICD Discharge frequency  less than once per mo 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:  Date:  Time:  Date:  Time:  Date:  Time:  Date:			100 T GHOLOH. L. OH L. OH L. THAT		
□ less than once per mo □ 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: □ Date: □ Time: □ Time: □ Date: □	function will be disabled with magnet placement)				
Pre-Op interrogation of device revealed normal function and battery life. Parameters set / changed as documented.  Signature:					
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	NOIES.				
Electrophysiology Physician's Name (Print) Signature Date Tin	Electrophysiology Physician's Name (Print) Signature			Time	



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