



St. Mary's General Hospital Request for Outpatient Preoperative Pacemaker/Defibrillator Information

Date of Request: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

To be completed by Surgical Clinic Staff:

Surgeon: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Procedure: \_\_\_\_\_

Location:  St. Mary's General Hospital  Grand River Hospital  Other: \_\_\_\_\_

Planned Postoperative Disposition:  Outpatient  Observation  Inpatient

Anatomical Site of Surgery:  Left  Right  Above umbilicus  Below umbilicus

Type of Cautery:  Unipolar  Bipolar  None

To be completed by CVT tech:  Pacemaker  Defibrillator (ICD)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Indication(s) for Implantation: \_\_\_\_\_

Date of last device interrogation: \_\_\_\_\_

Device Location:  L. Chest  R. Chest  Other: \_\_\_\_\_

Is patient pacemaker dependent?  Yes  No Underlying rhythm: \_\_\_\_\_

Perioperative Management

Reprogram preoperatively  Yes  No  Not needed

Magnet may be placed in the OR  Yes  No  Not needed

Note: if the device is reprogrammed or deactivated during the perioperative period, the patient must remain in a monitored setting until reprogrammed/re-activated by CVT tech

For Pacemakers and Defibrillators (ICDs):

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

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

If magnet is used, does patient need to follow up with device clinic as an outpatient?  Yes  No

Additional information or recommendations:

\_\_\_\_\_  
\_\_\_\_\_

Cardiologist Name & Signature: \_\_\_\_\_

Telephone/Pager #: Phone: (519) 749-6567, Fax: (519) 749-6874

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Fax this form and any associated documentation to the following number NO LATER THAN 48 HOURS PRIOR TO SURGERY (Fax: (519) 749-6874)