### PHYSICIAN’S PRE-PRINTED ORDERS

**INDICATORS/DIAGNOSIS**

**NAME**

**DOB:**

**Home phone:**

**Cell:**

**Diagnosis:**

**Scheduled for Date:**

**Time:**

**Procedure (CPT Code):**

**H&P performed by:**

**ICD10 Code:**

**Permit to read:**

- Operative permit to read:
- Company:
- **Company:**
- **Company:**

**PRE-CARDIAC PACEMAKER/IMPLANTABLE CARDIAC DEFIBRILLATOR ORDERS**

**NPO** six (6) hours prior to procedure unless otherwise ordered by physician.

**Home medications per Pre-cardiac/Interventional Radiology guidelines.**

**May give medications with sip of water as instructed by physician.**

**Hold the following medications prior to procedure:**

- **warfarin** (COUMADIN)
- **clopidrogel** (PLAVIX)
- **prasugrel** (EFFIENT)
- **heparin**
- **aspirin**
- **enoxaparin** (LOVENOX)
- **dabigatran** (PRADAXA)
- **rivaroxaban** (XARELTO)
- **edoxaban** (SAVAYSA)
- **apixaban** (ELIQUIS)

- **Hold morning dose of insulin and all oral diabetic medications; if on metformin** (GLUCOPHAGE), or metformin containing medications, **hold for 24 hours.**
LABS & DIAGNOSTICS (Required diagnostic tests within 30 days please place on chart):

<table>
<thead>
<tr>
<th>Testing ordered</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td></td>
</tr>
<tr>
<td>BMP</td>
<td></td>
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<tr>
<td>PT</td>
<td></td>
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<tr>
<td>PTT</td>
<td></td>
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<tr>
<td>Magnesium</td>
<td></td>
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<tr>
<td>Serum HCG (if not menstrual period free for 1 year)</td>
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</tbody>
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**If on chronic warfarin (COUMADIN) therapy, PT/INR morning of procedure**

- Call implantoing physician if INR result is 1.3 or greater

**12 lead EKG (12 lead required prior to ICD implant)**

- Insert intravenous catheter on side of implant and start 0.9% normal saline IV at 100 mL/hour unless otherwise indicated. All intravenous fluids require extension tubing.
- Lidocaine (XYLOCAINE MPF) 10mg/mL (1%) injection 0.25mL, intradermal or transdermal, as needed for pre-procedure IV start.
- IV fluids ___________________________ at______________ mL/hour
- Insert Saline Lock intravenous catheter on side of implant only (no IV fluids to be infused pre-procedure).

Pre procedural medications on call to lab. Check those that apply:

- diazepam (VALIUM) 5mg PO
- diazepam (VALIUM) 10mg PO
- diphenhydramine (BENADRYL) 25mg PO
- diphenhydramine (BENADRYL) 50mg PO

**ANTIBIOTICS**

Administer on call to Cath Lab or Operating Room for pacemaker/defibrillator implants:

- cefazolin (ANCEF) 2 grams IVPB / 3 grams if patient weighs > 120kg
- clindamycin (CLEOCIN) 600mg IVPB if penicillin allergic
- Vancomycin 1 gram IVPB (pharmacy to dose adjust for creatinine clearance)

To be given on call to Cath Lab or procedural area for Implantable Loop Recorders:

- amoxicillin-clavulanate (AUGMENTIN) 875mg/125mg PO
- clindamycin (CLEOCIN) 300mg PO if penicillin allergic

Scrub entire chest and neck with 2% chlorhexadine (HIBICLEANS) the night before implant and the morning of implant.

Additional orders:

____________________________________________________________________________________
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Physician’s Name (Please Print)  ____________________________________________________________________________
Physician Signature  __________________________ ID#  __________________________ Date  __________________________ Time  __________