**St. Boniface Hospital**

 **Pacemaker/Defibrillator Pre-Op Guidelines**

 **(Revised July 2016)**

1. Establish IV with Normal Saline (usual rate 20 ml/hr). IV to be established on the **LEFT** unless otherwise noted.
2. IV antibiotic will be administered at SBH.
3. NPO after midnight, HOLD all medications unless otherwise directed.
4. Baseline vital signs and temperature.
	1. If patient is febrile please notify the Pacemaker Nurse @ 204-237-2431
5. Leave hearing aids and glasses in place.
6. Record height and weight on the medical record.
7. Clip the hair on the chest and shoulders on the left unless otherwise directed. Replacement devices are usually inserted on the same side as currently located.
8. Chlorhexidine 4% wash to upper chest, shoulder and axilla of the appropriate side.

8.1 If chlorhexidine is not available, use a surgical scrub.

1. BLOODWORK: CBC, INR, Na, K+, urea, Cr, within seven days prior to procedure.
	1. If bloodwork is abnormal, contact the Pacemaker Nurse and plan to repeat the bloodwork the day prior to the procedure, or as otherwise directed.
2. If on diuretics and the patient is stable, hold diuretics the morning of the procedure.
	* 1. If on diuretics, repeat the potassium on day prior to procedure.
		2. If potassium is <4.0, consider giving supplements.

11. If diabetic, check the glucose by glucometer the morning of the procedure. If glucose is <5 mmol/L or >17 mmol/L notify the physician at the referring hospital for management.

12. If on oral diabetic medications, hold them in the morning of the procedure. Some of these are glyburide, gliclazide, metformin, rosiglitazone, and pioglitazone

13. If on subcutaneous Insulin the following schedules are suggested:

13.1.1 BEDTIME prior to the procedure: Half the usual dose of long acting Insulin e.g. Glargine, NPH) and a full dose of short acting Insulin (e.g. Aspart, Lispro, Regular).

13.1.2 MORNING prior to the procedure: Half the usual TOTAL morning dose using long acting Insulin only AFTER the intravenous is established and glucometer check.

14. If on warfarin, hold 4 days prior to and the day of the procedure.

14.1.1 If holding the warfarin is contraindicated, (e.g. mechanical valves), check INR 4 days before the procedure and notify the Pacemaker Nurse, instructions will be obtained from the Implanting Physician regarding the appropriate warfarin dose.

14.1.2 Obtain an INR the day prior to the procedure and obtain instructions regarding warfarin dosing from the Pacemaker Nurse who will obtain instructions from the Implanting Physician. (Usually aim for an INR < 2.0).

14.1.3 If the INR is above 2.5 on the day prior to the procedure notify the Pacemaker Nurse or off hours contact the Arrhythmia Physician on call.

14.1.4 Confirm point of care (POC) INR on the morning of the procedure.

15. If on Apixiban, HOLD 48 hours prior to the procedure if eGFR greater than 50 ml per minute. HOLD Apixiban 96 hours prior to the procedure if eGFR 30-50 ml per minute.

16. If on Dabigatran, HOLD 48 hours prior to the procedure of eGFR greater than 50 ml per minute, HOLD Dabigatran 96 hours if eGFR is 30-50 ml per minute.

17. If on Rivaroxaban, HOLD 48 hours prior to the procedure if eGFR greater than 30 ml per minute.

18. If on Heparin infusion, HOLD for 4 hours before procedure.

19. If on low molecular Heparin, HOLD for a minimum of 18 hours before procedure.

20. Notify the Pacemaker Nurse ASAP if the patient is on infection precautions.

CONSENT:

1) If patient is not competent, or a minor, the next of kin or legal guardian/power of attorney must be available to sign consent. Telephone consent is acceptable. Telephone number for best contact is to be provided.

2) SEDATION: If the patient requires sedation or analgesics, the consent MUST be signed at the referring hospital before the sedation is given. Consent cannot be obtained from a sedated patient.

DAY OF TRANSFER:

1) Report to the Y2 Reception desk - Bergen Cardiac Care Centre.

DISCHARGE ARRANGEMENTS:

These depend on the patient outcome and stability. Usually the patient will return to the referring hospital 2 -6 hours following the procedure when the patient is stable. A bed must be reserved at the referring hospital. Discharge instructions/temporary identification card and follow up appointment will be given to the patient or their attending family member.

TEMPORARY PACEMAKER IN PLACE:

If possible and practical, the temporary pacemaker box will be changed and the original returned with the transferring nurse. This is not always possible, especially if the patient has no underlying rhythm. Always label the temporary pacemaker box “Return to ……..location” The Y2 pre/post procedure area will be responsible for the return of the unit. Call 204-235-3714 if it has not been returned.