

WHEN DRUG FORMULA AND DOSAGE ARE IDENTICAL, THE PHARMACY MAY DISPENSE THE DRUG WHICH IS IN HOSPITAL STOCK REGARDLESS OF TRADE NAME UNLESS I SPECIFICALLY REQUEST "NO SUBSTITUTE." PHYSICIAN MUST DELETE ORDERS NOT DESIRED (DRAW A SINGLE LINE THROUGH THE ORDER). (IF BLANKS NOT FILLED IN, ORDERS CONSIDERED DELETED.)  
**Orders not to be initiated without physician signature and/or physician telephone authorization.**



**IMPLANTED CARDIOVERTER DEFIBRILLATOR (ICD) PRE-OP / PROCEDURE ORDERS**

**To be completed by Surgeon/Proceduralist office:**

- Surgeon: \_\_\_\_\_ Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_
- Name of surgery/procedure: \_\_\_\_\_
  - Surgery/procedure date: \_\_\_\_\_
  - Procedure within 12" of ICD: YES  NO  Duration of procedure > 8 hrs: YES  NO
  - Procedure to be done in prone position: YES  NO
  - Department/Campus where procedure is scheduled: \_\_\_\_\_ Colby  Pacific
  - Name of ICD device clinic: \_\_\_\_\_
  - Order written to consult device physician: YES  NO
  - FAX Internal Cardioverter/Defibrillator Pre-Op/Procedure orders form to ICD device clinic.
  - Everett Clinic FAX: (424) 339.5448 Western WA FAX: (425) 225-2790 or (425) 225-2791

**To be completed by Device Clinic Physician :**

- Call FAXING office to inform that Internal Cardioverter/Defibrillator Pre/Op/Procedure Instruction form received.
- Brand: \_\_\_\_\_ Model: \_\_\_\_\_ **(Boston Scientific/ Guidant models H170, 175, 177, 179 will NOT respond to magnet).**
- Is the patient pacemaker dependant? YES  NO
- Date of last device check with thresholds \_\_\_\_\_
- Last therapy (shock or ATP) delivered \_\_\_\_\_
- Indication for device \_\_\_\_\_
- FAX ICD Patient Pre-Op/Procedure orders to Surgeons office who requested consult (see surgeon fax # above):

**ORDERS:**

<input type="checkbox"/> No Reprogramming Indicated	<ul style="list-style-type: none"> <li>Pre-Op: Apply magnet. Magnet application will result in temporary disabling tachyarrhythmia therapies; pacing therapy is as programmed and not inhibited. Remove magnet to enable therapy if needed.</li> <li>NOTE: External cardiac monitoring for dysrhythmias with external defibrillator is required while ICD disabled.</li> <li>Post Op: Remove magnet</li> <li>Follow up pacemaker appointment at _____ on _____</li> </ul>
<input type="checkbox"/> Reprogramming Indicated <ul style="list-style-type: none"> <li>Patient having procedure 8-12 inches from the ICD</li> <li>Surgery lasting more than 8 hours</li> <li>Surgery is in prone position</li> <li>Patient is pacemaker dependant</li> </ul>	<ul style="list-style-type: none"> <li>Pre-Op: Reprogram pacemaker to Mode: _____ Rate: _____</li> <li>Detection ON <input type="checkbox"/> OFF <input type="checkbox"/></li> <li>NOTE: External cardiac monitoring for dysrhythmias with external defibrillator is required while ICD disabled.</li> <li>Post Op/Procedure: Reprogram back to original settings prior to discharge</li> <li>Device Representative notified: Name: _____ Date/time _____</li> <li><input type="checkbox"/> Boston Scientific (800) 227.3422</li> <li><input type="checkbox"/> Medtronic (800) 678.2500</li> <li><input type="checkbox"/> St. Jude (800) 722.3423</li> </ul>

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LIP SIGNATURE: \_\_\_\_\_ ID #: \_\_\_\_\_

WHITE COPY: MEDICAL RECORD YELLOW COPY: UNIT

**PROVIDENCE**  
 Regional Medical Center  
 Everett

Colby Campus • 1321 Colby Ave.  
 Pacific Campus • 916 Pacific Ave.  
 Pavilion for Women and Children • 900 Pacific Ave.  
 Providence Regional Cancer Partnership  
 1717 13th Street • Everett, WA 98201

**PLACE PATIENT LABEL HERE**

**IMPLANTED CARDIOVERTER DEFIBRILLATOR (ICD)  
 PRE-OP / PROCEDURE ORDERS  
 (08/13)**

Patient Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_

39282 (08/21/13)

DO NOT WRITE OUTSIDE OF BORDER AREA