1. **CARDIOLOGIST:**
   Cardiology Group: □ Cardiac Study Center    □ Franciscan Cardiology
   □ Group Health Cardiology    □ Pacific Cardiology
   
   Cardiology Phone Contact: ____________________________

2. **SURGERY/PROCEDURE:**
   Date/Time of Surgery/Procedure: ____________________
   Location: □ SJMC □ SFH □ SCH □ SAH □ SEH
   □ Other: ____________________________
   
   Type of Surgery/Procedure: ____________________________
   
   **Device will be inaccessible during surgery/procedure:** □ Yes □ No

3. **DEVICE INFORMATION:**
   Date of Last Evaluation: ____________
   Company/Device: ________________
   Device Location: __________________
   
   Device Type: □ Permanent Pacemaker
   □ Cardiac Resynchronization Biventricular Pacemaker (CRT-P)
   □ Cardiac Resynchronization Biventricular Pacemaker Defibrillator (CRT-D)
   □ Implantable Cardioverter Defibrillator Only (ICD)
   
   Indication: ____________________________
   Estimated Battery Life: ____________________________

   **PACEMAKER DEPENDENT:** □ Yes □ No
   
   Current Settings: ____________________________
   
   Pacer Mode: ________________ Lower Rate Limit: ________________
   Upper Rate Limit: ________________
   
   ICD: LOWEST HEART RATE FOR SHOCK/ATP: ________________
   
   Response to Magnet: Magnet Application Function: □ On □ Off
   
   Magnet Pacing Mode/Rate: ________________
   
   Detection Resumes After Magnet Removal: □ Yes □ No
   
   Sensor: □ On □ Off
   
   Device/Lead on Recall: ____________________________

4. **PACEMAKER RECOMMENDATIONS – PERMANENT PACEMAKER, CRT-P**
   
   □ PACEMAKER DOES NOT NEED EITHER REPROGRAMMING OR MAGNET APPLICATION before surgery/procedure
   
   □ PLACE MAGNET during the procedure:
   - Monitor patient with plethysmography or arterial line
   - Transcutaneous pacing and defibrillation pads placed as close as anterior/posterior as the surgical site will permit
   - Remove magnet at the conclusion of surgery/procedure
   - Interrogate the pacemaker before leaving a cardiac-monitored environment

   □ PACEMAKER NEEDS TO BE REPROGRAMMED before surgery/procedure:
   
   Recommended settings: ____________________________
   
   - Monitor patient with plethysmography or arterial line
   - Transcutaneous pacing and defibrillation pads placed as close as anterior/posterior as the surgical site will permit
   - Interrogate and reprogram device to preoperative settings before patient leaves a cardiac-monitored environment

   Physician Initial: ____________________________
5. DEFIBRILLATOR RECOMMENDATIONS – CRT-D, ICD:

☐ INACTIVATE DEVICE TEMPORARILY by magnet during the procedure
  • Monitor patient with plethysmography or arterial line
  • Transcutaneous pacing and defibrillation pads placed as close as anterior/posterior as the surgical site will permit if required
  • Remove magnet at conclusion of surgery/procedure
  • Interrogate the device to ensure restoration of preoperative settings after magnet removal and prior to leaving cardiac-monitored environment

☐ ICD NEEDS TO BE REPROGRAMMED before surgery:
  Recommended Settings: ___________________________________________________________________________________________
  • Monitor patient with plethysmography or arterial line
  • Transcutaneous pacing and defibrillation pads placed as close as anterior/posterior as the surgical site will permit
  • Interrogate and reprogram device to preoperative settings before patient leaves a cardiac-monitored environment

6. DEVICE COMPANY REPRESENTATIVE CONTACTED: ___________________________________________________________________________________________
  • St. Jude 800-722-3423
  • Medtronic 800-633-8766
  • Biotronic 800-547-0394
  • Boston Scientific 800-227-3422

7. DOCUMENT DEVICE CLINIC FOLLOW UP DATE: ___________________________________________________________________________________________

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

DATE  TIME  PHYSICIAN’S SIGNATURE

Another brand of drug, identical in form and content, may be dispensed unless checked. ☐