WRHN
Waterloo Regional Health Network

Waterloo Regional Health Network Request for Outpatient Perioperative Cardiac Device Management

PATIENT LABEL

1) To be completed by Surgical Clinic team:

Date of Request: _____ Date of Procedure: _____
Surgeon:_____ PHONE:_____ FAX: _____
Diagnosis:_____ Procedure: _____
Location: ☐ WRHN @ Queen's Blvd. ☐ WRHN @Midtown ☐ Other: _____
Planned postoperative disposition: ☐ Outpatient ☐ Observation
☐ Inpatient unit _____
Anatomical site of surgery: ☐ Left ☐ Right AND ☐ Above umbilicus ☐ Below umbilicus
Type of cautery: ☐ Unipolar ☐ Bipolar ☐ None

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

2) To be completed by WRHN @ Queen's CVT tech: ☐ Pacemaker ☐ Defibrillator (ICD)
Manufacturer: _____ Model: _____
Indication(s) for implantation: _____
Date of last device interrogation:_____
Device location: ☐ Left chest ☐ Right chest ☐ Other: _____
Is patient pacemaker dependent? ☐ Yes ☐ No Underlying rhythm: _____

3) To be completed by WRHN cardiologist:
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 and signature: _____
WRHN @ Queen's Device Clinic: Phone (519) 749-6567, Fax (519) 749-6874
Date: _____ **Time:** _____

This form is to become a permanent part of patient record.

Last updated: February 9, 2023