

North Bay Regional Health Centre

Permanent Pacemaker Initial Implantation
Pre-op
Pre-Printed Physician Order

SEE ALLERGY PROFILE

Height: _____ cm **Weight:** _____ kg

- For inpatients, call the CCU (Ext. 4550) to notify the pacemaker nurse.
- Pacemaker Insertion Education with Clinical Nurse Educator (where appropriate)

Drugs

- Continue all DVT prophylaxis medications (including prophylactic heparin, LMWH)
- DO NOT STOP ASA
- Discontinue _____ after last dose on (date) _____ at _____ hrs.
(meds that may need to be held are warfarin, rivaroxaban, apixaban, dabigatran or other anticoagulant agents)
or
- Consult Internal Medicine, reason: _____
- Hold any oral hypoglycemics and insulin am of procedure or _____

Antibiotics Prophylaxis:

If NO allergy or non-life threatening beta-lactam allergy:

- ceFAZolin 2 g IV (in the OR) for weight less than 120 kg
- ceFAZolin 3 g IV (in the OR) for weight 120 kg or more

For patients with severe beta-lactam (penicillin/cephalosporin) allergy (eg: anaphylaxis, andioedema)
Begin infusion within 120 minutes prior to surgical incision. • vancomycin 1 g IV for weight 80 kg or less over 60 min

- vancomycin 1.25 g IV for weight 80.1-99.9 kg over 90 min
- vancomycin 1.5 g IV for weight 100 kg or more over 120 min

Interventions

- Obtain INR am of surgery if patient on warfarin (Coumadin)
- IV N/S TKVO to RIGHT hand
- Clip hair from upper left and right chest, below clavicle
- Chlorhexidine 2 % body wash prior to surgery

Diet

- NPO after _____

Date _____ Time: _____

Physician Signature: _____

Print Name: _____