

**OUTPATIENT AICD / PPM
MANAGEMENT**

Patient Name: _____
Patient Birthdate: _____
OR Affix Patient Label

AICD - Automated Internal Cardiac Defibrillator
PPM - Permanent Pacemaker

Patient Name _____ Date of Birth _____
Device Type _____ Model # _____ Serial # _____

Device Company

Medtronic - 1.800.345.4943 Guidant - 1.800.CARDIAC St. Jude's - 1.800.722.3423 Biotronic 1.800.547.0394

A representative from Device Company has been confirmed by our office and will be present for OR procedure device support.
Notes: _____

Defibrillator Instructions

- For surgical procedures requiring electrocautery, apply donut magnet over device and tape in place during procedure to inactivate therapies. When procedure is finished, remove magnet and therapies will be active. **Donut magnets over a defibrillator WILL NOT affect any bradycardia pacing function.**
- If an arrhythmia should occur during time that a magnet is over the device, immediately remove magnet to activate device therapies or leave magnet taped in place and provide external defibrillation therapies as per ACLS guidelines.
- Consult Cardiology post procedures if device malfunction is suspected.
- Patient has Guidant defibrillator, which does not respond to magnet application. Requires interrogation to deactivate detection. Patient should remain monitored until device is reprogrammed post procedure.

Pacemaker Instructions

- Patient is Pacemaker dependent. Apply magnet over device during cautery. Device will pace at a fixed rate when magnet is applied. (Actual paced rate will depend on programmed magnet rate of device)
- Patient is NOT Pacemaker dependent. Do not use magnet. Use short bursts of cautery to minimize over-sensing. (When a magnet is placed over pacemaker and patient is **NOT** pacemaker dependent, it promotes asynchronous pacing and will compete with underlying, intrinsic rhythm and possibly promote arrhythmia.)
- Consult Cardiology post procedure if device malfunction is suspected.

Other Instructions

- Interrogate post-procedure
- Does not require interrogation post-procedure

Fax Form to Surgeon's Office: _____

Please note that these instructions are meant to be guidelines for device management and that they do not replace any necessary communication with the physician if needed to ensure safe care for the patient with a device.

Please contact _____ with any questions regarding these instructions.

Signature _____ Date _____

