

Name sticker

PREOPERATIVE INFORMATION FORM FOR
PATIENTS WITH ELECTRONIC PACEMAKERS
UNDERGOING ELECTIVE SURGERY

Today's date: _____ Date of planned surgery: _____

Type of planned surgery _____

Expected positioning during surgery: supine prone lateral sitting

Dear Doctor _____,

Your patient, who has an implanted cardiac pacemaker, is scheduled to undergo elective surgery. To allow us to better care for this patient during surgery, the physicians of Kalamazoo Anesthesiology request the following information:

1. What is this patient's last known underlying rhythm abnormality or initial indication for pacemaker placement?
2. Date of last device check, including battery status (should be within 6 months of surgery):
3. Was this patient "pacemaker dependent" as of his / her most recent visit?
4. What are the device's current settings (generic pacemaker codes)?
5. Will this device temporarily convert to DOO or VOO in the presence of a doughnut magnet, and resume normal function upon magnet removal?

In order to help us all provide more efficient care for this patient, you may wish to complete the following:

1. ☐ In the absence of obvious pacemaker dysfunction intraoperatively, I do not recommend any specific interrogation or device check postoperatively.
2. ☐ I wish to be notified when this patient reaches the Post Anesthesia Recovery Room

Comments: _____

responsible physician _____

date_____ time_____

Please fax this page back to:

Fax #: