


Referral form for Pacemaker Box Change

Please forward to the Cardiac Co-ordinator in the Cardiac Suite **within 24 hours**

| | |
|--|--|
| <p>Date of referral _____</p> <p>Intended Procedure</p> <p>Box change <input type="checkbox"/></p> <p>System change <input type="checkbox"/></p> | <p>Patient details: NHS <input type="checkbox"/> Private <input type="checkbox"/></p> <div style="border: 1px solid black; padding: 10px; text-align: center;">addressograph</div> |
| <p>Last check details</p> <p>Underlying rhythm _____</p> <p>Atrial Thresh _____ Ventricular Thres _____</p> <p>Lead imp _____ Lead imp _____</p> <p>New leads required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Lead Repositioning <input type="checkbox"/></p> <p style="padding-left: 40px;">Atrial <input type="checkbox"/> Ventricular <input type="checkbox"/></p> <p>Type of lead(s) in situ</p> <p>Atrial _____ Ventricular _____</p> <p>Atrial _____ Ventricular _____</p> <p>Unipolar/Bipolar _____ Unipolar/Bipolar _____</p> <p>Pacemaker Port, please mark.</p> <div style="text-align: center;">  </div> <p>Special Box required <input type="checkbox"/></p> <p>Due to Connector size, AF device or vasovagal device, Please discuss with Claire Murray</p> | <p>Urgency</p> <p>Urgent <input type="checkbox"/> _____ weeks Routine <input type="checkbox"/></p> <p><input type="checkbox"/> Suitable for day case procedure (Generally fit, not pacemaker dependent, carer at home)</p> <p><input type="checkbox"/> Significant Comorbidity?</p> <p><input type="checkbox"/> Right side system <input type="checkbox"/> Left side system</p> <p><input type="checkbox"/> Warfarin – stop three days before procedure</p> <p><input type="checkbox"/> Warfarin – Admit for Heparin (Prosthetic valve, systemic emboli, mitral stenosis)</p> <p><input type="checkbox"/> Clopidogrel</p> <p><input type="checkbox"/> Screen for MRSA sent?</p> <p><input type="checkbox"/> Notes to Cardiology Coordinator?</p> <p>Comments</p> |
| <p>Signature of Physiologist completing this form: _____</p> | |