

CARDIOVERSION

PATIENT: _____

ARRIVAL TIME: _____ DATE: _____

PHYSICIAN: _____

PLEASE REPORT TO THE ASPIRUS HEART & VASCULAR INSTITUTE / EAST ENTRANCE OF THE ASPIRUS WAUSAU HOSPITAL. Due to emergencies and changes in scheduling, your procedure may, unfortunately, be earlier or later than the time originally scheduled.

1. You should have nothing to eat or drink after 8 a.m. the day of your procedure. You should be done eating breakfast before 8 a.m.

**NO MILK, NO EGGS, NO BACON OR SAUSAGE, NO ORANGE JUICE.
 NO PROTEIN, MUST BE CARBS AND CLEAR LIQUIDS ONLY.**

YOU MAY HAVE: TOAST, DRY CEREAL WITHOUT MILK, COFFEE WITHOUT MILK, CLEAR JUICES, LIKE APPLE, CRANBERRY, GRAPE

2. If you are a **DIABETIC** and taking the following medications:
INSULIN: Your usual dose of insulin in the morning with your breakfast before 7 a.m. the day of your procedure.
GLUCOPHAGE/ METFORMIN or GLUCOVANCE. Do not take the morning of your procedure.
3. **Continue to take all of your other medications. Bring all of your medications with you to the hospital in their pharmacy containers.**
4. Unless otherwise specified by your physician, you will be released from the hospital within a few hours after the cardioversion.
5. **ARRANGEMENTS need to be made for someone to DRIVE you home from the hospital.**

PLEASE HAVE THE FOLLOWING PRE-OP TESTING COMPLETED AS SCHEDULED:

EKG _____

LABS _____
 (PT, K+ and/or Digoxin). **If on Digoxin hold a.m. of lab draw.**

OFFICE VISIT _____

If you have any questions concerning your cardioversion, please call **PROCEDURE SCHEDULING** at Aspirus Cardiovascular Associates at (715) 847-2611 or (800) 441-4013 extension *52610.