

PACEMAKER / BI-VENTRICULAR / ICD

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 midnight** the night before your procedure.
2. **MEDICATIONS:**
 - a. If you are taking **Coumadin/warfarin** you will need to stop taking for _____ full days prior to your procedure. **Last dose on _____.**
 - b. If you are a **DIABETIC** and taking the following medications:
INSULIN: Take _____ of the usual dose of insulin in the morning of your procedure.
GLUCOPHAGE/ METFORMIN or GLUCOVANCE. Do not take the morning of your procedure.
 - c. If you are taking **PLAVIX**, you may need to stop taking prior to your procedure, MD to determine. Last dose of Plavix on _____.
 - d. **Continue to take all of your other medications with a small amount of water as scheduled and bring them to the hospital in their pharmacy containers.**
3. You should plan on staying in the **hospital 1-3 days.**
4. **ARRANGEMENTS** need to be made for someone to **DRIVE** you home from the hospital.

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

CHEST XRAY _____

LABS _____

OFFICE VISIT _____

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