

Minneapolis Heart Institute at Abbott Northwestern Hospital

Cardioversion Orders

TO BE COMPLETED BY REQUESTING PROVIDER (MD/NP/PA)

1. Patient Name _____ Allina MRN _____
2. Requesting Provider _____
3. Select procedure to be performed
 - a. Cardioversion (without TEE) _____
 - b. TEE guided Cardioversion _____
4. Other procedures/consults?
 - a. _____
5. Special scheduling considerations (eg. day of week, provider, etc)
 - a. _____
6. Is the patient diabetic?: Yes ___ No ___ (instructions in the packet)
7. Is the patient taking Coumadin®? Yes ___ No ___
 - a. If yes, need INR values dating back at least 21 days (3 weeks)
 - b. If yes and INR < 2.0 in last 21 days (3 weeks), then need to consider TEE guided cardioversion
 - c. Patient needs to have a venous draw INR 1-3 days prior to scheduled procedure.
Date Scheduled _____
 - d. Name and Phone # of Clinic/Provider following INR values _____
8. Is the patient taking Pradaxa/Xarelto/Eliquis? Yes ___ No ___
 - a. If yes, patient to continue with uninterrupted therapy
 - i. Date of first dose _____
 - b. If yes AND any missed doses in the last 21 consecutive days, will need to consider scheduling TEE guided Cardioversion

Signature: _____

Scheduling Phone: 612-775-3295 Fax: 612-775-3112



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Cardioversion/Cardiovascular Scheduling

TO BE COMPLETED BY CLINIC PERSONNEL

If you have any questions, please contact Scheduling at 612-775-3295

- Obtain required Pre-Procedure Labs: Potassium, Digoxin level (if appropriate), INR (if appropriate).
 - If INRs, will need results dating back at least 21 days (3 weeks).
 - If INRs, a venous draw INR should be scheduled and resulted 1-3 days prior to scheduled cardioversion.
- Review Patient's current medications.
 - Refer to "Special Instructions for Patients" document for B-blocker and Calcium Channel Blocker management prior to scheduled procedure
 - Refer to "Special Instructions for Patients" document for anticoagulation management prior to scheduled procedure
 - Refer to "Special Instructions for Patients" document for diabetic medication management prior to scheduled procedure
- Have the patient sign an "Authorization for Disclosure of Health Information" form to facilitate obtaining medical information from other facilities. Enter the patient on the top line.
 - If patient is on Coumadin®, obtain the name and phone # of the clinic/provider who follows patient's INRs.
- Fill out "Facsimile Transmittal Sheet" and "Cardioversion Orders" form so that you will have the necessary information when you call to schedule.
- Ask the patient if they will need transportation help. Van Service is available by contacting 1-800-258-1210.
 - Patient will not be able to drive for 24 hours after the procedure.
 - The van will not be able to transport the patient on the day of their procedure (needs to be arranged prior to date needed).
- After obtaining the necessary information above, call 612-775-3295 to speak with the cardiovascular scheduler.
- Give the patient the Cardioversion Scheduling Folder with the remaining information for them:
 - Complete the procedure date and arrival time on the introduction letter.
 - Check off the relevant special instructions and add any others not listed.
 - Ordering provider to address Diabetic agent dosing
- Fax and scan into Excellian the following information to Cardiovascular Scheduling at 612-775-3112:
 - "Facsimile Transmittal Sheet"
 - "Authorization for Disclosure of Health Information" (must be signed by patient)
 - "Minneapolis Heart Institute® at Abbott Northwestern Cardioversion Orders"
 - Other pertinent information not in the Allina Medical Record (Excellian), such as recent EKG, Lab results (Potassium, Digoxin & INR as appropriate).
- If the provider's dictation is transcribed locally, call the transcriptionist and request that the transcription is performed STAT. If it is transcribed at the Minneapolis Heart Institute®, call 612-863-3928 and request that it is performed STAT.
 - If the local transcription is completed on the same day as the clinic visit, please fax to 612-775-3112



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Cardioversion Facsimile Transmittal Sheet

To: ANW Cardiovascular Lab Scheduling	From:
Fax: (612) 775-3112	Sender's Phone/Fax:
Patient Name:	DOB:
Allina FR # (if known):	Primary Phone #
Primary MD (PCP):	Secondary Phone #
Cardiologist:	
Allergies to Latex?	
Special Needs: Diabetic, On Coumadin® Renal Insuff, Other:	

To schedule a patient for a cardiovascular procedure at Abbott Northwestern Hospital, we request that you obtain the following diagnostic test results and information. Please fax or scan into Excellian as soon as possible (24 hours before procedure).

Diagnostic Test/Information	Timeframe	Date Obtained	Scanned in Excellian (Y/N)	Faxed (Y/N)
ALL INRs (if on Coumadin®)	Last 2 months minimum			
Signed "Authorization for Disclosure of Health Information"				
Please fax other recent available test results if not in the Allina System (e.g. Echo)				
Transcribed H&P, if available	30 days			

Notes:



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What You Should Know Before Your Cardioversion Procedure

Your provider has scheduled a cardioversion procedure for you at Abbott Northwestern Hospital. Please check into Admitting on the second floor of Abbott Northwestern's Heart Hospital (located by the Skyway Café).

Procedure scheduled: _____

Date of procedure: _____ Check-in time: _____

Please note the following special instructions in preparation for your procedure (these can be found on the instruction sheet in this packet):

- Instructions for patient with diabetes mellitus
- Instructions for patient taking Coumadin®
- Instructions for patients taking Pradaxa®
- Instructions for patients taking Xarelto®
- Instructions for patients taking Eliquis®
- Instructions for patients taking B-blockers
- Instructions for patients taking Calcium Channel Blockers (CCB)
- Other instructions _____

Please review the enclosed information carefully before you leave home for the hospital. Feel free to contact us if you have any questions, or concerns. We can be reached at the following number:

- Abbott Northwestern Cardiovascular Prep/Recovery Unit 612-775-3295

Day before and day of the cardioversion procedure

- **NOTHING BY MOUTH** (no food, pulp, alcohol, gum, candy, tobacco, etc.) for 8 hours prior to your scheduled arrival time.
 - You may take your routine morning medications (as recommended by your cardiology provider) with a small sip of water.
- If you have diabetes mellitus and use a Glucometer, check your blood sugar before leaving home and give your results to a staff member at the Cardiovascular Pre/Recovery Unit when you arrive.
- Do not wear fingernail polish. It can interfere with the equipment to measure the oxygen in your blood
- Plan to spend about three to four hours at the hospital.
- Arrange to have a responsible adult drive you to and from your procedure.
 - This person will need to stay with you for 24 hours after your procedure.
 - You will not be able to drive for 24 hours following your cardioversion procedure.
- Please leave your valuables (including jewelry and money) at home. The hospital is not responsible for lost valuables.
- If you wear dentures, glasses or a hearing aid, you may wear them during the procedure.
- Bring a complete up-to-date list of medications. This is very important.



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What You Should Know Before Your Cardioversion Procedure – Continued

Before the cardioversion procedure at the hospital

- Please note that your procedure time is not exact. This is due to emergency procedures and some unpredictable variables that may arise.
- During the preparation phase, your family and friends will be asked to stay in the family waiting room. After the first prep phase, they may stay with you until the procedure starts.

After the cardioversion procedure at the hospital

- If you need a Transesophageal Echocardiogram (TEE), the provider who performs your procedure may not be the provider who will care for you during your stay.
- The provider who cares for you during your stay will talk about the results and treatment plan.
- It is uncommon for patients to need to stay overnight, however if an overnight stay is needed please review the “Accommodations for Patients and Families” information sheet in the packet.

Leaving the hospital (discharge)

- The provider will determine the recovery time after your procedure (typically about one - two hours). When you leave the hospital, you will need to have someone drive you home and stay with you overnight (for at least 24 hours).
- When you leave the hospital, you will receive instructions about your diet, medications, activity level, skin care, return to work, and follow-up appointments.
- The sedation you received during your procedure may make you sleepy or dizzy. Because of this, you should not do the following for 24 hours after the procedure:
 - Do not operate a motor vehicle or machines
 - Do not drink alcoholic beverages
 - Do not make any critical decision or sign important documents
- If you stay overnight in the hospital after your cardioversion (very uncommon), please plan for a discharge time of 10 a.m. on the day you are released.
- If you have any questions or concerns, please call Abbott Northwestern Cardiovascular Prep/Recovery Unit at 612-775-3295.



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Special Instructions for Patients

Patients with Diabetes

- Do not take any oral/pill-form diabetic medications on the day of your procedure.
- If you take insulin:
 - Do not take any pre-meal (short-acting) insulin such as NovoLog, Humalog, aspart, glulisine, Lispro, or Regular on the day of your procedure.
 - If you take long acting insulin such as Lantus, glargine, detemir, or Levemir:
 - If you take at dinner/supper time, take your usual dose
 - If you take at bedtime and/or in the morning, take 75% of your usual dose at both the evening dose and on the morning of your procedure. Contact your doctor if you are unsure the dose you should take.
 - If you take NPH insulin, take your usual dose the evening before the procedure and hold the dose the morning of the procedure.
 - If you take mixed insulin (70/30, 75/25, 50/50), take your usual dose the evening before the procedure and hold your dose the morning of the procedure.
 - If you have an insulin pump, continue your BASAL rate ONLY. On the morning of your procedure, decrease your BASAL rate by 25%.
- If you use a glucometer, check your blood sugar before leaving home, and give your results to a staff member at the Cardiovascular Pre/Recovery Unit when you arrive.

Patients taking Coumadin (Warfarin)

- If you take Coumadin (Warfarin), continue taking your dose as recommended by your Coumadin Clinic/ Primary Care Provider
- If your INR value has been less than 2.0 at any time in the 30 days prior to your scheduled cardioversion, please call Abbott Northwestern Cardiovascular Pre/Recovery Unit at 612-775-3295
- Obtain a venous draw INR 1-3 days prior to your scheduled procedure and fax results to 612.775.3112

Patients taking Pradaxa (Dabigatran)

- If you take Pradaxa (Dabigatran), continuing taking twice daily doses. It is very important that you do not miss any doses, including the morning of your scheduled procedure.
- If you miss any doses, please call Abbott Northwestern Cardiovascular Pre/Recovery Unit at 612-775-3295

Patients taking Xarelto (Rivaroxaban)

- If you take Xarelto (Rivaroxaban), continuing taking daily doses. It is very important that you do not miss any doses, including the day of your scheduled procedure, if you take it in the morning hours.
- If you miss any doses, please call Abbott Northwestern Cardiovascular Pre/Recovery Unit at 612-775-3295

Patient taking Eliquis (Apixaban)

- If you take Eliquis (Apixaban), continue taking twice daily doses. It is very important that you do not miss any doses, including the morning of your scheduled procedure.
- If you miss any doses, please call Abbott Northwestern Cardiovascular Pre/Recovery Unit at 612-775-3295

Patients taking a B-blocker (Toprol, Lopressor, Metoprolol, Coreg)

- HOLD the respective dose the morning of the procedure.

Patients taking Calcium Channel Blocker (Cardizem, Diltiazem)

- HOLD the respective dose the morning of the procedure.



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