Facility:

CLINICAL PATHWAY: PERMANENT PACEMAKER

Date: / / Day 1 / / Day 2

Observations
Cardiac monitoring as per guidelines. (check dot placement)
Vital Signs: O/A, every 4 hours & PRN
BGLs
Alarm Review: Once a shift
Rhythm analysis: Once a shift
Arrhythmia: _____________________________
Weight + U/A- O/A

Clinical Care (tick)
Ongoing bradycardia (symptomatic):
[ ] Isuprel IV
[ ] Temporary transvenous pacemaker

Clinical Tests (tick)
[ ] UEC
[ ] FBC
[ ] COAGS
[ ] ECG
Absolutely no Heparin/ clexane pre/post PPM

IVC
Site ____________ Day ____________

Intake (circle)
Specify Type: ____________________________
Fluid Restriction (FR): ____________________
Heart / Diabetic
Other: ____________________ FR: ________

Output (circle)
Specify Type: ____________________________
FBC IDC
Hygiene
Wash Shower Assist
Mobility
Self Stick 2WF 4WF

Pressure Injury (PI) & Falls Risk screen
PI Score ____________________________
Fall Score ____________________________
Actions ______________________________

Education
• Inform patient of planned admission
• Discuss PPM insertion.
• Give PPM pamphlet.
• If smoker refer to quitline

Discharge planning
AAA completed (eMR referrals)
Assess patient support networks
Admitting cardiologist to complete criteria led discharge

Outcomes
• Patient aware of admission
• Haemodynamically stable
• Orientated to unit

Handover
Nurse 1
Designation
Nurse 2
Designation

Haemodynamically stable
**CLINICAL PATHWAY: PERMANENT PACEMAKER**

**Date:** / / 

<table>
<thead>
<tr>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observations</strong></td>
<td>Cardiac monitoring as per guidelines. (check dot placement)</td>
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<tr>
<td></td>
<td>BGLs</td>
<td>BGLs</td>
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<tr>
<td></td>
<td>Alarm Review: Once a shift</td>
<td>Alarm Review: Once a shift</td>
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<tr>
<td></td>
<td>Rhythm analysis: Once a shift</td>
<td>Rhythm analysis: Once a shift</td>
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<tr>
<td></td>
<td>Arrhythmia:</td>
<td></td>
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</table>

| **Clinical Care (tick)** | | | |
| | Ongoing bradycardia (symptomatic): | Ongoing bradycardia (symptomatic): | Ongoing bradycardia (symptomatic): |
| | Isuprel IV | Isuprel IV | Isuprel IV |
| | Temporary Transvenous Pacemaker | Temporary Transvenous Pacemaker | Temporary Transvenous Pacemaker |
| | Review anticoagulants prior to PPM | Review anticoagulants prior to PPM | Review anticoagulants prior to PPM |

| **Clinical Tests (tick)** | | | |
| | COAGS (if on warfarin) | COAGS (if on warfarin) | COAGS (if on warfarin) |
| | Aim INR 2-2.5 | Aim INR 2-2.5 | Aim INR 2-2.5 |
| | Absolutely no Heparin/ clexane pre/post PPM | Absolutely no Heparin/ clexane pre/post PPM | Absolutely no Heparin/ clexane pre/post PPM |

| **IVC** | | | |
| | Site _______ Day _______ | Site _______ Day _______ | Site _______ Day _______ |
| | Heart Diabetic | Heart Diabetic | Heart Diabetic |
| | Other FR | Other FR | Other FR |

| **Intake (circle)** | | | |
| | FBC IDC | FBC IDC | FBC IDC |

| **Output (circle)** | | | |
| | Wash Shower Assist | Wash Shower Assist | Wash Shower Assist |

| **Mobility** | Self Stick 2WF 4WF | Self Stick 2WF 4WF | Self Stick 2WF 4WF |

| **Pressure injury (PI) & Falls risk screen** | | | |
| | PI Score | PI Score | PI Score |
| | Fall Score | Fall Score | Fall Score |
| | Actions | Actions | Actions |

| **Education** | | | |
| | Discuss PPM insertion. | Discuss PPM insertion. | Discuss PPM insertion. |
| | Make sure patient has PPM pamphlet. | Make sure patient has PPM pamphlet. | Make sure patient has PPM pamphlet. |

| **Discharge planning** | | | |
| | Referrals for discharge as needed | Referrals for discharge as needed | Referrals for discharge as needed |

| **Outcomes** | | | |
| | Haemodynamically stable | Haemodynamically stable | Haemodynamically stable |
| | Await PPM | Await PPM | Await PPM |

| **Handover** | ND/AM AM/PM PM/ND | ND/AM AM/PM PM/ND | ND/AM AM/PM PM/ND |

| **Nurse 1** | | | |
| **Designation** | | | |

| **Nurse 2** | | | |
| **Designation** | | | |
### CLINICAL PATHWAY: PERMANENT PACEMAKER

**Date:** /     /   (Day of implant)  
**Day 1 Post PPM**

#### Observations
- Cardiac monitoring as per guidelines.
- Vital Signs: QID & PRN + on return post PPM
- BGLs
- Alarm Review: Once a shift
- Rhythm analysis: Once a shift
- Arrhythmia:
- Post PPM: site check + vital signs every 4 hours, cease cardiac monitoring as per guidelines.

#### Clinical Care (tick)
- Pre-PPM IV Abs
- Chase criteria led discharge form
- Ongoing bradycardia (symptomatic):
  - Isuprel IV
  - Temporary Transvenous Pacemaker
- Absolutely no Heparin/ clexane pre/post PPM

#### Clinical Tests (tick)
- ECG
- Recent bloods (FBC/ UEC)
- COAGS (if on warfarin) at 0600 hrs
- CXR post PPM

#### IVC
- Site  Day
- Site  Day

#### Intake (circle)
- NBM 4 hours prior to PPM- check list
- EMB

#### Output (circle)
- FBC  IDC  FBC  IDC

#### Hygiene
- Wash
- Shower
- Assist

#### Mobility
- Self
- Stick
- 2WF
- 4WF

#### Pressure injury (PI) & Falls Risk screen
- PI Score
- Fall Score
- Actions

#### Education
- Discuss post-PPM care
- Discuss criteria led discharge

#### Discharge planning
- Arrange discharge medications
- Ensure CXR post PPM taken and reviewed
- Ensure criteria led discharge form completed

#### Outcomes
- Haemodynamically stable
- PPM inserted

#### Handover
- ND/AM  AM/PM  PM/ND  ND/AM  AM/PM  PM/ND

#### Nurse 1
- Designation

#### Nurse 2
- Designation
Criteria Led Discharge (CLD)

A1: Completed as soon as possible after admission
A2: Completed day of procedure
A3: Completed if patient NOT for CLD

PART A: MEDICAL APPROVAL

Diagnosis: ___________________________________________________________________________________________

A1. Advanced Trainee/ Admitting Cardiologist Agrees to CLD:
Print Name: ______________________________________________________        Signature: _______________________
Date: _____/ _____/ _________

A2: Advanced Trainee/ Proceduralist agrees to CLD:
Print Name: ______________________________________________________        Signature: _______________________
Date: _____/ _____/ _________

A3: This patient is NOT for CLD. Reason: __________________________________________________________________
Print Name: ______________________________________________________        Signature: _______________________
Date: _____/ _____/ _________

PART B: MILESTONES

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>1. Pacemaker site nil haematoma or swelling beyond the dressing.</td>
<td></td>
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<tr>
<td>2. CXR completed and medical review with nil pneumothorax.</td>
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<tr>
<td>3. PPM check attended or follow-up appointment arranged by cardiac diagnostics and written on post implant information sheet.</td>
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<tr>
<td>4. Post PPM observations between the flags or acceptable for patient post PPM insertion.</td>
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<tr>
<td>5. Identified and explained patient information and education for post PPM insertion (patient information post op (Patient Information Portal), patient has medical device pamphlet).</td>
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<tr>
<td>6. Nursing discharge checklist completed.</td>
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PART C: DECLARATION

This patient has met the above criteria and is suitable for criteria led discharge:
Print Name: ______________________________________________________        Signature: _______________________
Date: _____/ _____/ _________       Designation: ____________________________________________________________

This patient has failed to meet the above criteria, I have informed a medical officer:
Print Name: ______________________________________________________        Signature: _______________________
Date: _____/ _____/ _________       Designation: ____________________________________________________________