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	EFFECTIVE DATE:	NUMBER:
	ORIGINATOR: Director, Cardiology	
ORGANIZATIONAL POLICY Magnet Use During Procedures that Utilize Electrocautery (ICD and Pacemaker Interruptions)	CONCURRENCE: Nurse Manager, Bruggeman Center CNO/VP of Nursing Medical Director, GI Medical Director, EP Chief, Cardiology Medical Director, Interventional Radiology	
	APPROVAL: CEO/PRESIDENT	

PURPOSE OF POLICY

This policy provides standard operating guidelines for using a magnet to temporarily disable the defibrillator and/or pacemaker during procedures that utilize electrocautery.

SCOPE

This policy applies to Ellis Hospital Registered Nurses that utilizes a magnet to temporarily disable an ICD/Pacemaker during gastrointestinal and interventional radiology procedures where electrocautery is used.

The Operating Room procedure will be covered in their own departmental policy.

PROCEDURE

A. Pre-Procedural Care: Scheduling and Admitting Responsibilities

1. When scheduling an elective case the patient will be asked if they have an implanted ICD/Pacemaker.
 - a. If the patient has an ICD the case can only be scheduled after obtaining cardiology clearance. A patient with a pacemaker can be scheduled without cardiology clearance.
 - b. Prior to booking a case with a patient who has an implanted ICD/Pacemaker the procedural department will verify that the Electrophysiologist is available on the procedure date. No elective case will be booked unless the Electrophysiologist is available.
 - c. If the patient has an ICD or Pacemaker ask the patient to bring any information they have on the device (type and manufacturer) with them the day of the procedure.

2. If a case has to be done emergently off hours or on the weekend a call will be placed to the Cardiologist on call.
3. The RN will also assess for the presence of an implanted ICD/Pacemaker when they are performing a complete nursing assessment upon admission. In addition, the RN will verify who the device manufacturer is. These findings will be documented on the admission assessment. A call will be placed to the electrophysiologist to inform them of the scheduled case along with letting them know who the device manufacturer is.
4. The Electrophysiologist and/or designee will notify the Cardiology Physician Assistant (PA) or the device manufacturer that the device will need to be interrogated post procedure if a magnet is used. The Electrophysiologist and/or designee will inform the procedural area whom to contact post-procedure (i.e. the Cardiology PA or device manufacturer) along with the phone number of this person.
5. If an emergency occurs after hours or on weekends, the RN and/or designee will contact the device manufacturer directly.
6. The RN and/or designee will also notify the Procedural Physician that the patient has an ICD/Pacemaker.
7. The RN and/or designee will ensure that an Emergency Code Cart is immediately available during the procedure.
8. The procedural Physician will write an order for use of the magnet during the procedure.

B. Procedural Care

1. The Physician will remain in attendance the whole time the magnet is being used.
2. The nurse will ensure the patient is on Cardiac Monitor throughout the entire procedure.
3. The magnet will be placed directly over the ICD/Pacemaker prior to electrocautery use and will remain in place until electrocautery use has been terminated. During this time the nurse will closely monitor the patient's rhythm and vital signs.
4. The magnet will be removed once electrocautery use has been terminated.
5. The RN will complete a post-procedural assessment.

C. Post-Procedure Care

1. Notify the Cardiology PA or device manufacturer (whomever the Electrophysiologist designated) of patient's location and that the device is now ready to be interrogated.
 - a. May transfer the patient to an outpatient or inpatient unit, as deemed necessary by the procedural physician, as long as the patient remains on cardiac monitor.

2. Keep the patient on Cardiac Monitor until the device is interrogated and deemed to be working appropriately (complete Device Interrogation Form: Discharge Clearance).
3. May discharge patient per procedural physician orders if the device is deemed to be working effectively (according to Device Interrogation Form: Discharge Clearance).

EXHIBITS

REFERENCES

The State Education Department: AICD/Pacemaker Interruptions with a Magnet During Colonoscopy Procedures. February 2009.

Gastrointestinal Endoscopy. (2007). Endoscopy in Patients with Implanted Electronic Devices

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