

PROCEDURE INSTRUCTIONS

CARDIOVERSION

Does patient have an ICD or pacemaker device? _____ If yes, contact the correct device company representative to attend the procedure.

You have a cardioversion scheduled with Dr. _____
on _____ at _____.

Please check in at _____ am/pm to:

- The Heart Institute 5th Floor Lobby/CARA (122 W. 7th Ave.)**
- Deaconess Medical Center 4th floor—Short Stay (800 W. 5th Ave.)**
- Deaconess Medical Center Main Entrance—DHEC Bldg. (910 W. 5th Ave.)**
- Sacred Heart Medical Center—Main Floor Admitting (101 W. 8th Ave.)**

INSTRUCTIONS:

1. DO NOT eat or drink for 8 hours prior to procedure.
Small sip of water to take medication is okay.
2. Please bring all medications with you.
3. Bring an overnight bag.
4. Arrange for someone to drive you home.
5. Please bring your insurance cards with you.
6. IF YOU TAKE COUMADIN—TAKE AS USUAL.
7. Take all medications as directed by your physician.
8. Call if you have any questions, (509) 755-5500, Ext 5500.