Patient Name MRN

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File in Section D nursing notes

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Health professional notes
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Patient Name MRN

## **Pacing Discharge Checklist**

In order for the patient to be discharged all questions must be completed

Questions	Yes	No	N/A	Comments	Sign & Date
Tomcat implant record in notes?					
New system or lead replacement					
4 hours post implant?					
Box change;					
2 hours post implant?					
Reveal device;					
1 hour post implant? Pacing checks completed?					
racing checks completed:					
Chest X ray completed and review by					
operator?					
Vital signs prior to discharge acceptable?					
Wound site inspected?					
Post wound care advice given?					
Any issues reviewed by a Doctor?					
A manimum and manda for automa managed if					
Appointment made for suture removal if required?					
Pacemaker ID card given and appointment?					
Is pain controlled?					
is pain controlled.					
Has the patient been out of bed without					
incident?					
Can the patient dress unaided?					
Has the patient eaten and drunk since the					
procedure?					
Has the patient passed urine?					
Does the patient feel ready to go home?					
TTA form completed with analgesia If					
needed?					
TTA's given to patient?					
Cannula removed?					
Does the patient live alone?					
If yes is appropriate social support in place?					
Any outpatient's appointment made if					
required?					
DFT discussed if appropriate?					
Transport arranged?					
Nurse discharging patient	Name:				