## EP Help Sheet

Most of these cases are MAC cases, except for the atrial fibrillation mapping/ablation which are general cases since they last all day and more

**Pre-op:**

* Know your patient’s cardiac history: h/o cardiac surgery, pacemaker/defibrillator, previous ablation, METS
	+ You will not have to mess with their pacemaker or defibrillator since that’s their turf
* Otherwise just a regular pre-op

**Setup:** Cart is already in the room (code is 512 then turn to the right)

* Machine: already down in the EP room
* Suction
* Monitors: usually no arterial line needed
	+ For afib cases, you’ll need an esophageal temperature probe
* Airway
	+ MAC cases: face mask with ETCO2 sample line, have nasal airway ready if your patient obstructs
	+ GETA: ETT as usual
* IV
* Drugs
	+ Phenylephrine gtt on a pump, in line
	+ Heparin and Protamine: your circulator will have that for you
	+ Lasix: your circulator will have that for you too
	+ Drug box and narcotics: there’s a Pyxis in the EP OR area (code 4321\*) but the patient is not entered in the Pyxis until they get here, therefore I usually get a box from Pharmacy, so that I can start

**Intra-op:**

* When the patient comes into the room, the EP people will place all sorts of pads on the patient first
* You don’t hook up your monitors until they are done (they should let you know)
	+ Tuck the EKG box and blood pressure and pulse ox cables under the pillow so that they don’t get caught on the C-arm
* Then page your staff and proceed with induction as usual
* Secure your ETT then place your esophageal temperature probe
* Hook up your phenylephrine gtt to the most proximal port

For afib ablation:

* You don’t need paralysis and they might want to monitor the phrenic nerve so they don’t want paralysis either
* Volatile at 0.7 should be plenty since it’s not very stimulating once they have established access
* Make sure to monitor your IVF because they are going to get a lot of IVF from the EP doctor during the procedure
* Also keep an eye on the temperature because a sudden increase in temperature may mean that they ablated through the LA wall into the esophagus where your probe is sitting = badness
* When the C-arm comes in, make sure that all of your cables, circuit, and lines don’t get stretched and don’t contaminate their field
* At the end of the case, the surgeon will tell you how much Protamine to give (the circulator will give it to you)
* Then they wait for the ACT to come back post-protamine before pulling the sheath so don’t wake the patient up yet
* After the sheath is out, it’s just like angio where they have to hold pressure for 10-15 minutes so they don’t want you to wake the patient up until they’ve been holding pressure for about 5 minutes because apparently they say that these patients get rowdy and they don’t want them moving around or squirming when they’re trying to hold pressure