



GUIDELINES FOR SUSPECTED PACEMAKER/ICD POCKET INFECTION

(INCLUDES OPEN/OPENING WOUND, DRAINAGE, SWELLING, PAIN, IMPENDING EROSION)

This document has been written to provide direction to physicians and practitioners who may encounter a patient with a pacemaker/ICD pocket that shows signs of infection, dehiscence or impending erosion. This has been approved by Dr. Laurence Sterns, head of the Electrophysiology Group, Royal Jubilee Hospital, Victoria, B.C.

1. Admit to hospital in preparation for urgent transfer to RJH Cardiology ward (3 South).
2. Draw blood cultures prior to IV antibiotic administration. Obtain wound swab if pocket open.
3. Apply dressing over site.
4. Contact on-call cardiologist at RJH by switchboard 250 370.8000
5. Inform pacemaker coordinator @ RJH 250 370.8553 (leave message if after hours)
6. Patient will be transferred to RJH ASAP

If you have access to the Campbell River Hospital Pacer Clinic, staff there can also be of assistance.

Please DO NOT aspirate or attempt to access an intact site. DO NOT re-suture a dehiscing pocket.

Patients with infection, erosion and whose pacemaker/ICD is visible require surgical removal of the device and leads.

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