EPS Guide
Thank you for choosing Ohio State Wexner Medical Center for your health care. If you have any questions about your procedure or care after your procedure, please call the doctor who provided your care or refer to your After Visit Summary for contact information.

If you have questions about your care after hours, please call the hospital operator at 614-293-8000 and ask to speak to the doctor on call.

Speak to your doctor if you would like a referral to attend our Cardiac Rehabilitation Program or to meet with one of our dietitians.

If you have questions about your general health or issues not related to your procedure, please contact your primary care doctor.
Welcome to the Ross Heart Hospital
Ambulatory Care Center

The Ross Heart Hospital Ambulatory Care Center is located on the 1st floor of the Ross Heart Hospital. Patients are seen on an out-patient basis for initial and follow-up visits related to heart and vascular conditions.

While a patient in the Ambulatory Care Center, you will be cared for by a team of Doctors, Registered Nurses (RN), Licensed Practical Nurses (LPN), Medical Assistants (MA), Office Associates (OA), Nurse Practitioners (NP), and Pharmacists.

- The Medical Assistant will prepare you before your doctor visit. They will check your vital signs, review your medicine list, update medical and family history, and ask about your current health concerns.
- The RN will provide treatment, medicines, education, and other nursing care.
- The Office Associate will help schedule appointments and referrals.
- A Charge Nurse is available if you have questions or concerns that your assigned nurse is not able to address.
- The Nurse Manager is Kathy Bowman. If you have a compliment about your care, or if you feel your needs are not being met, please call (614) 293-4299 and ask to be transferred to her office. She is available during regular business hours.

Scheduling
If you have any questions or need to schedule or change your appointment, please call (614) 293-7677 or 1-888-293-7677.

More on next page ➔
Billing Information

- For hospital (in-patient) insurance or billing questions, please call (614) 293-2100 or 1-800-678-8037. The fax number is (614) 293-2112.
- For ambulatory (out-patient or clinical) insurance or billing questions, please call (614) 798-7905 or 1-800-486-1543.

Medical Records

To request a copy of your medical records, please call (614) 293-2309.
Driving Directions
Ross Heart Hospital

From the North (Sandusky, Delaware and Cleveland)
Take any major highway to Interstate 270
Take Interstate 270 to State Route 315 S
Take State Route 315 S to the King/Kinnear exit
Turn left onto Kinnear Road (Kinnear turns into Olentangy River Road)
Take Olentangy River Road to King Avenue
Turn left onto King Avenue
Turn left onto Cannon Drive
Turn right onto Medical Center Drive
See “Parking Directions - Continued”

From the South (Circleville, Chillicothe and Cincinnati)
Take any major highway to Interstate 71 N
Take Interstate 71 N to State Route 315 N
Take State Route 315 N to the Medical Center Dr/ King Ave exit
Continue straight onto Medical Center Drive
See “Parking Directions - Continued”

From the East (Newark, Zanesville and Pittsburgh)
Take any major highway to Interstate 70 W
Take Interstate 70 W to State Route 315 N
Take State Route 315 N to the Medical Center Dr/ King Ave exit
Continue straight onto Medical Center Drive
See “Parking Directions - Continued”

From the West (Springfield, Dayton and Indianapolis)
Take any major highway to Interstate 70 E
Take Interstate 70 E to State Route 315 N
Take State Route 315 N to the Medical Center Dr/ King Ave exit
Continue straight onto Medical Center Drive
See “Parking Directions - Continued”

For directions assistance call
614-293-8000
wexnermedical.osu.edu

There are construction projects occurring at and around Ohio State's Wexner Medical Center. Please go to wexnermedical.osu.edu for traffic updates.

The Ohio State University Wexner Medical Center is committed to improving people’s lives. That’s why all medical center locations inside and outside are tobacco-free. This includes all tobacco products, including cigarettes, cigars, chewing tobacco and pipe tobacco.

June 2019

Ross Heart Hospital
452 W. 10th Avenue
Columbus, OH 43210
Parking Directions
Ross Heart Hospital

Patient Valet
Continued: Take Medical Center Drive past the intersection of Medical Center and 9th Avenue. Continue straight to the front of University Hospital (Rhodes Hall) or Ross Heart Hospital. Pull into Patient Valet on your right.

SAFEAUTO Garage
Continued: From Medical Center Drive, turn left onto Westpark Street. The SAFEAUTO Garage is located on the left and is connected to the medical center by a walkway bridge on the second floor.
# Hotel Accommodations

The following hotels welcome patients and visitors from The Ohio State University Wexner Medical Center. Information is subject to change without notice.

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Price Range</th>
<th>Address</th>
<th>Telephone</th>
<th>Shuttle</th>
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<td>Blackwell Hotel and Conference Center</td>
<td>★★★</td>
<td>2110 Tuttle Park Place Columbus, 43210</td>
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<td>614-263-7200</td>
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<td>4202 Transit Drive Columbus, 43230</td>
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<td>Renaissance Columbus Downtown</td>
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<td>50 N. Third St. Columbus, 43215</td>
<td>614-228-5050</td>
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<td>Crowne Plaza</td>
<td>★★</td>
<td>33 E. Nationwide Blvd. Columbus, 43215</td>
<td>614-461-4100</td>
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<td>★★</td>
<td>501 N. High St. Columbus, 43215</td>
<td>614-559-2000</td>
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<td>★★</td>
<td>111 E. Nationwide Blvd. Columbus, 43215</td>
<td>614-225-6539</td>
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<td>★★</td>
<td>35 W. Spring St. Columbus, 43215</td>
<td>614-228-3200</td>
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<td>★★</td>
<td>375 Hutchinson Ave. Columbus, 43235</td>
<td>614-681-7000</td>
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<td>Courtyard By Marriott</td>
<td>★★★</td>
<td>7411 Vantage Drive Worthington, 43235</td>
<td>614-436-7070</td>
<td>★</td>
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<td>★</td>
<td>7007 N. High St. Worthington, 43085</td>
<td>614-436-0700</td>
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<td>Extended Stay Deluxe Columbus – Polaris</td>
<td>★★</td>
<td>8555 Lyra Drive Columbus, 43240</td>
<td>614-431-5522</td>
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<td>614-431-0033</td>
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<td>614-529-4100</td>
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<td>5520 Maxwell Place Columbus, 43228</td>
<td>614-643-4300</td>
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Preparing for Your EPS or Ablation

- Preparing for Your EPS or Ablation
- Your Heart and How It Works
- Electrophysiology Study (EPS)
- Ablation
- Type 1 Diabetes: Medicines before Tests or Surgery
- Type 2 Diabetes: Medicines before Tests or Surgery
Preparing for Your EPS or Ablation

Name: ______________________________________________________

Date: ___________________________ Check In Time: ______________

The check in time is when you need to be at the hospital so we can get you ready for the procedure. It is not the procedure start time. **Allow a full day for this procedure.**

Preparing for the Test

- You must have a health history and physical exam by an OSU doctor or Nurse Practitioner within 30 days.

- You will need blood work 14 days or 2 weeks before this test. An order from your doctor is needed for this to be done. Your blood work is scheduled for: ___________________.

- If you take any of these medicines, **stop taking them for 48 hours** before your procedure unless otherwise directed.
  - Atenolol, also called Tenormin
  - Diltiazem, also called Cardizem, Tiazac or Cartia
  - Verapamil, also called Calan or Verelan
  - Propranolol, also called Inderal

- **If you take an anticoagulation medicine, also called a blood thinner** do not stop this medicine unless directed by your physician. Some procedures may not require you to hold your anticoagulation medicine.
or blood thinner. If required to hold your anticoagulation medicine or blood thinner, please follow below instructions:

- Per Dr. _____________, stop your Coumadin/Warfarin ______ days before your procedure. **Take one aspirin (325 mg size) a day,** unless you are allergic, starting the day you stop the Coumadin. **If you have ANY questions regarding your Coumadin, please contact your doctor.**

- Per Dr. _____________, stop your Pradaxa/Dabigatran ______ doses before your procedure. **If you have ANY questions regarding your Pradaxa, please contact your doctor.**

- Per Dr. _____________, stop your Xarelto/Rivaroxaban ______ doses before your procedure. **If you have ANY questions regarding your Xarelto, please contact your doctor.**

- Other medicine instructions:
  
  __________________________________________________________
  __________________________________________________________

- Do not smoke or use tobacco products for 24 hours before your procedure.

- Do not eat or drink anything after midnight the evening before your procedure. You may take your scheduled medicines with small sips of water the morning of your procedure.

**Medicines and Your Test**

- If you are diabetic and on medicines, please tell your doctor. Follow the guidelines on the handout regarding diabetic medicines.

- Take all other medicines as directed by your doctor.

- **Take your scheduled medicines with a small amount of water the morning of your procedure.**

- **Do not stop any medications unless directed by your doctor.**

- Please bring your medicines in their bottles to the hospital with you.
Other Instructions

- If you have a **history of rheumatic fever, mitral valve disease, stroke or mechanical valve**, please tell your doctor.
- If you are **pregnant**, think you may be pregnant or if you are breastfeeding, tell your doctor right away.
- If you **use a sleep apnea machine**, please bring the device with you. It will likely be used during your procedure and your hospitalization.
- Your doctor will decide if you will go home the day of your procedure or if you will need to stay at the hospital overnight. **Have an adult with you to get you home from the hospital.** You will not be allowed to drive after your procedure.

Rescheduling and Questions

- If you need to change your test time, please call Scheduling at 1-888-293-7677.
- Any other questions, you may call the nurse at _________________.

Where to Report

- **Please report to the Ross Heart Hospital.** You will register in the main lobby. The Ross Heart Hospital is located at 452 West 10th Avenue, Columbus, OH, 43210. You may use the valet in front of University Hospital or park in the SAFEAUTO Hospitals Garage.
- **Please report to University Hospital East.** You will go to the main entrance and proceed to first floor registration. University Hospital East is located at 1492 East Broad Street, Columbus, OH, 43205. Parking is free and available across from the main entrance.
Your Heart and How It Works

Your heart is a muscle. It is slightly larger than your fist and weighs less than a pound. Your heart pumps blood to the lungs and to all parts of your body.

Structure of the heart

Your heart muscle has three layers. The thickest layer is called the myocardium. It is surrounded by a fiber-like bag called the pericardium. The inside of the myocardium is lined by a thin layer called the endocardium.

Heart chambers

The normal heart has four chambers. A wall divides the heart into a right side and a left side. Each side of the heart is divided into two chambers. The upper chamber is called the atrium and the lower chamber is called the ventricle. These chambers are separated by valves.

Valves

The valves allow blood to flow only in one direction. Valves control the flow of blood through the heart, to the lungs and to the rest of the body. Types of valves:

- **Tricuspid valve** separates your right atrium from your right ventricle.
- **Pulmonic valve** separates your right ventricle from your lungs.
- **Mitral valve** sits between your left atrium your left ventricle.
- **Aortic valve** controls blood flow from your left ventricle to the rest of your body.

Blood vessels

Blood vessels carry blood to and away from the heart. Vessels that carry blood from the heart to the body are called arteries. Vessels that carry blood from the body back to the heart are called veins.
Function of the heart

Your heart acts as a double pump. Blood enters the right atrium and flows into the right ventricle. The tricuspid valve prevents the blood from flowing back into the atrium. The blood then flows out of the right side of the heart to the lungs through the pulmonic valve, to pick up oxygen.

The oxygen rich blood from the lungs goes into the left atrium of the heart. Blood flows from the left atrium into the left ventricle through the mitral valve. The mitral valve prevents blood flowing back into the atrium.

Then the blood flows out of the left ventricle to the rest of the body through a large artery, called the aorta. The aortic valve prevents blood from flowing back into the ventricle.

As blood moves through the body, oxygen is used. Blood then returns to the right side of the heart through your veins. This process occurs with each heartbeat.

Blood supply in the heart

Your heart muscle needs a constant supply of oxygen. Oxygen is carried to your heart through the coronary arteries. Two main coronary arteries, a right and a left, supply the heart muscle with blood. These arteries are located on the surface of the heart. They divide into many smaller branches that go into the heart muscle. Your heart muscle is supplied with oxygen-rich blood through these small arteries.
Your heartbeat

Each heartbeat has two phases. The resting phase is called diastole. The pumping phase is called systole. During diastole, blood from the atria fills the ventricles. During systole, the ventricles pump blood to your body or lungs.

The work of the heart changes with your body’s needs. For example, when you exercise, your body needs more blood and oxygen. Your heart pumps harder and faster to deliver more blood to the body. When you sleep, less blood and oxygen is needed and your heart slows down.

Normal conduction

There are specialized cardiac cells that create an electric stimulus or impulse, which causes the heart muscle to beat. These electrical impulses travel from the upper chambers to the lower chambers over this conduction system. The diagram shows how the impulse travels over the conduction system.

- Normal heartbeats begin at the SA node, which acts as the heart’s “pacemaker.”
- The electrical impulse spreads across the right atrium and the left atrium.
- The impulse travels through the AV node to the Bundle of HIS.
- The Bundle of HIS divides into a left and a right bundle branch. The impulse spreads through these bundle branches into the purkinje (purr-kin-gee) fibers in the ventricles.

You may hear these words to explain your heartbeat:

- A heartbeat that beats too fast is called tachycardia (tak-i-card-ee-a)
- A heartbeat that beats too slow is called bradycardia (braid-i-card-ee-a)
- Heartbeat may be irregular, and not have a constant rhythm

Summary

Your heart’s main functions are to receive oxygen-poor blood from your body and to pump oxygen-rich blood to nourish the body. To do this well, your heart need to be strong with a regular heartbeat. Your heart needs working valves to control blood flow and blood vessels to transport blood to all parts of the body. Take good care of your heart so that it can take care of you. Talk with your doctor to learn more about taking care of your heart.
Electrophysiology Study (EPS)

You have been scheduled for an Electrophysiology Study (EPS). This handout will help you understand what to expect before, during and after the study.

What is an EPS?
An EPS is a catheterization study to check the electrical system of the heart. This may be done for a number of reasons. The most common reasons are:

- To see if your heart's electrical impulses travel in a normal fashion from the upper chambers (atria) to the lower chambers (ventricles) over the conduction system.

1. Normal heart beats begin at the **SA Node** which acts as the hearts "pacemaker."

2. The electrical impulse spreads across the right and left atria.

3. The impulse travels down through the **AV Node** to the **Bundle of HIS**.

4. The Bundle of HIS divides into several branches which spread the impulse into the ventricles.

More on next page ➔
To check if your SA Node functions normally, or whether an artificial pacemaker is needed.

To see if your heart has irregular beats (dysrhythmias) or fast beats (tachycardia).

To find the cause of passing out spells, dizzy spells, palpitations, irregular beats or fast heart rhythms.

Based on the information from this test, your doctor can plan the best treatment for you.

Safety and Risks

Although this is a very safe test, there is a small chance (less than 1 percent) of a problem occurring. There is risk of:

- Bleeding or bruising (hematoma) at the site of catheter insertion
- Infection (rare)
- Blood clot to the lungs called pulmonary embolism (very rare)
- Blood leaking from the heart called cardiac tamponade (very rare)
- Death (extremely rare)

Please ask your doctor about anything that you do not understand. We want you to be as informed as possible about your test and have all of your questions answered. Write your questions down so you will remember them.

Before the Study

- You will be asked to not eat or drink anything other than water for a period of time before the test, often starting at midnight the night before your test.
- You will be given specific instructions on which medicines, if any, to stop taking before the test. If specific instructions are not given to you, then please take your medicines as you would normally.
During the Study

- A doctor from the Division of Cardiology will examine you. You will be asked questions about your medical problems. All of your questions will be answered, and anything you do not understand will be explained. You will then be asked to sign a consent form.

- The nurse will start an intravenous (IV) line. The IV line is placed so the doctors can give you medicine during the test if needed.

- The nurse will shave an area over the groin. This is the area where the doctors will put in the tubes (catheters) and wires.

- Although you will be given a general time for your test, you may be taken at any time during the day. The time will depend on how many patients are scheduled, how long each test takes and if there are any emergencies. When it is your turn, you will be brought to the EPS Laboratory in a bed. It is a good idea to use the bathroom before you leave for the test.

- There may be several people in the EPS Laboratory, including doctors, nurses and technicians. Your test will be done by a doctor called an electrophysiologist, technicians and possibly an electrophysiology/cardiology fellow. Residents, interns and students may observe, but will not take part in the test.

- The EPS Laboratory is an x-ray room with special electrocardiogram (ECG) equipment to monitor your heart rhythm. You will be helped onto the x-ray table and the technicians will place several ECG patches on your chest and legs. They will also put a large patch on your back between the shoulders and another on the left front chest area.

- A blood pressure cuff will be placed on one of your arms. Your blood pressure will be automatically taken every few minutes.

- You will be covered with a sheet and your gown will be removed.

- The study is done while you are sedated to a comfortable state, but you will not be under general anesthesia unless ordered by your doctor. Local anesthesia is used and IV medicines will also be given to help you relax and to relieve any discomfort.

- You may hear a discussion regarding the technical aspects of the test. Please ask questions at any time.
• The technician will have you rest on your back in the middle of the table with your hands at your sides. The areas shaved will be scrubbed with an antiseptic solution to clean the skin. It is important that you do not touch these areas once they are scrubbed since this increases the risk of infection.

• A large sterile sheet will be placed over you from your neck to your toes. You must not put your hands on top of this sheet for any reason. If you have an itch, please ask the nursing staff for help before moving your hands.

• The areas shaved and scrubbed will be where the catheters or flexible tubes are to be placed into blood vessels. A medicine to numb the skin in that area is injected with a very small needle. The needle will cause a slight pain, and the medicine may burn for a few seconds. After the burning goes away, you should not feel any pain. You will feel a lot of pushing in these areas. If you feel pain, let the doctor know so that more medicine may be given.

• The doctor will then place a pacing wire (catheter) through a tube or catheter that has been placed in your blood vessel. This wire will go to your heart. You may feel a little pinch in your back as the wire travels there. A number of catheters may be put into the heart. These catheters allow recording and testing of your heart’s electrical system. It may feel as if you are having skipped heart beats or palpitations, but you will be sedated so many patients have no symptoms. In addition, medicines may be given to help diagnose or prevent your heart rhythm problem.

• The test may last from 1 to 4 hours. Please keep in mind that this is an important test. Your doctors will do the test as quickly and as safely as possible while obtaining all of the information they need.

After the Study

• When the test is over, the catheters and wires will be removed. Pressure will be put over your blood vessels for 5 to 15 minutes to stop any bleeding.

• To prevent bleeding, you will need to be in bed and have your leg straight for the next 3 to 6 hours. You will be told when you may get up. If you need to use the bathroom during this time, please ask the nurse for help.
• Your nurse will check the areas where the catheters were placed, your pulses and your blood pressure several times.

• You will be able to eat and drink when you return to your room. Your doctor will decide when the IV will be stopped.

• You may have slight tenderness for a day or two in the areas where the catheters were placed. Medicine for pain is available from the nurse if you need it.

• Right after the test, your doctor will talk with you and your family to review the results and the plan of care for you.

For More Information

If you have any questions about the tests you are having, the ablation procedure or follow-up care, you may call the nurse at:
_____________________.

_____________________.
Ablation

Ablation treats the irregular rhythms of the heart. It stops or interrupts the abnormal electric path so that the normal electric path can be used for a normal heart rate.

When your heart beats, the beating comes from an internal electric signal. It is like a start button that gets pushed over and over again, at regular intervals. Sometimes, the electric signal doesn’t work as it should. The heart may get more or not enough “starts” than it needs, or the signal may not flow through the correct path as it should.

You may hear these terms used to describe your condition:

- Tachycardia (Tach-uh-car-dee-ah) is when the heart beats too fast.
- Bradycardia (Brady-car-dee-ah) is when the heart beats too slowly.
- Arrhythmia (ah-rhyth-me-ah) is when the heart does not beat at a normal rhythm.

Normal Electric System

Your heart beat normally starts above the upper chambers of the heart in a place called the SA node (SA means Sinoatrial node). The SA node is your heart’s natural pacemaker or “start button”. The electric signal goes through the upper chambers of the heart or the left and right atrium. It passes through an AV node which is the bridge between the upper chambers and ventricles. It then goes down through the lower chambers of the heart or the ventricles. Your heart contracts and then relaxes through the cycle then the process starts over again.

More on next page ➔
Reasons for Ablation Treatment

Ablation is one treatment your doctor may recommend to fix one or more electric problems with your heart:

- Problems from the SA node. The electric signal may be too slow or send too many electric signals. If sometimes there are not enough “starts” to the electric signal and other times there are too many “starts”, you may hear the term sick sinus syndrome or “tachy-brady syndrome”.

- Problems with the electric signal moving through the upper chambers of the heart, called the left and right atrium. The electrical signal may start in the atria instead of in the SA node. If there are abnormal signals coming from parts of the atria, you may hear the terms atrial flutter or atrial fibrillation.

- Problems with the electric signal moving from the atria to the lower chambers of the heart, called the ventricles. The signal may not pass through the AV node or the same signal may pass through the AV node more than one time. If this occurs, you may hear the term “AV node re-entry tachycardia”.

- Problems with the electrical signal moving through the lower chambers of the heart, called the left and right ventricles. The electrical signal may start in the ventricles instead of in the SA node. If there are abnormal signals coming from parts of the ventricles, you may hear the terms ventricular tachycardia or premature ventricular contractions (PVCs).

About the Procedure

The ablation procedure is done in a special laboratory by a doctor who specializes in heart rhythm problems called an electrophysiologist. Your groin area will be shaved and cleaned with a disinfectant soap. A medicine that numbs the tissue will be injected before the procedure starts. A thin and flexible tube, called a catheter is used.

You will feel pressure when the catheter is inserted. X-ray pictures and electrocardiogram (ECG) tracings of the heart are done until the catheter is in the right place. With the catheter in place, the doctor will be able get signals from inside your heart. The doctor will find the electric signal that is not normal, and the heart tissue will be ablated until the signal stops.

Depending on the type of abnormal electrical conductions, a pacemaker or defibrillator may be inserted. If a device is needed, then an incision about 2 to 3 inches will be made on the left or right side of your chest. You may feel discomfort, but not pain during the surgery.
After the Procedure
Your blood pressure, heart rate and incisions will be checked often. You will need to lie flat for 3 to 4 hours after the catheter is removed from your groin.

- You will not be able to eat until after the catheter has been removed. If you were given a blood thinner, there may be a delay in removing the catheter.
- If the catheter is removed from the groin area, a small sandbag may be placed to help the incision to heal and prevent bleeding. Do not remove this sandbag before it is safe to do so.
- If there is still bleeding from this area, manual pressure may be needed.
- You will not be able to eat until after the catheter has been removed. If you were given a blood thinner, there may be a delay in removing the catheter.
- If you received a pacemaker or defibrillator, an ice pack will be placed on the chest area to decrease pain and swelling.
- The morning after the procedure a device nurse will visit you to make sure your pacemaker or ICD is working well and to help you with care of your incisions.
- You may be given a prescription for the medicine esomeprazole (brand name Nexium) for the next 30 days to avoid signs of reflux and protect your esophagus after an ablation for Atrial Fibrillation.
- You will have a follow up appointment scheduled to check on your incisions.
- A heart monitor may be ordered to check on your heart rhythm several weeks after ablation.

Please ask your doctor or nurse if you have any questions or concerns about this procedure.

Talk to your doctor or others on your health care team if you have questions. You may request more written information from the Library for Health Information at (614) 293-3707 or email: health-info@osu.edu.
If you are not sure how to adjust your diabetes medicines, talk to your doctor or nurse before your test or surgery date. Follow your doctor’s directions if they are different than the guidelines in this handout.

Diabetes medicines may need to be stopped or changed before a test or surgery. This is important for your health. There is less of a chance for infection or other problems if your blood sugar is in the normal range before a test or surgery.

- **If you are on a clear liquid diet the day before your test or surgery**, call your doctor to check if you need to make other changes to your medicine dose.
- **Check your blood sugar the morning of your test or surgery**. If it is above 250 or less than 70, call your doctor for more instructions. High or low blood sugars may result in a delay or cancellation of your test or surgery that day.
- **Tell your nurse that you have diabetes** when you arrive at the test area or at pre-operative holding area.

**Your insulin**

These are general guidelines for how to take insulin before tests or surgery. Check with your doctor to see how much insulin you need and if you need to follow different guidelines.

- **If you take Lispro, Humalog, Aspart, Novolog, Glulisine, Apidra or Regular insulin, do not take the dose the morning of your test or surgery.**
  - You can start your usual dose after your test or surgery when you are able to eat and drink.
  - Plan to check your blood sugar at least 4 times each day for the next 1 to 2 days after your test or surgery.

- **If you take Detemir, Levemir, Glargine or Lantus insulin, reduce your dose either the evening before or the morning of your test or surgery to 80%.**

  If you multiply your usual dose by 0.8, that gives you the reduced dose. For example, if your usual dose is 32 units, 32 x 0.8 = 25.6. Your reduced dose would be about 26 units. A reduced dose chart is on the next page for your reference.

  - **If you are not sure, ask your doctor how much insulin you should take.** Take _______ units of __________________________ on the night before or the morning of your test or surgery.
  - If you are able to eat and drink after your test or surgery, take your usual evening dose.
  - Plan to check your blood sugar at least 4 times each day for 1 to 2 days after your test or surgery.
If you wear an insulin pump

- **And your test or surgery is less than 3 hours**, you and your doctor may decide to keep the pump on.
  - Place the catheter in a location away from the area where the test or surgery will occur.
  - Reduce the basal rates down by multiplying the set basal rates by 0.8, starting with the 12:00 midnight basal rate through the test or surgery and recovery.
  - Consider using a **temporary basal profile** based on 0.8 of your usual basal. Discuss this with your doctor.
  - Return to your usual basal rates after the test or surgery when you are able to eat and drink.
  - Plan to check your blood sugars more often for the next 1 to 2 days after your test or surgery.

- **And your test or surgery is longer than 3 hours or your doctor takes you off the insulin pump**, take __________ units of __________ on the morning of your test or surgery.

### 80% of usual insulin dosing chart

Use this chart to know how much insulin you need before a test or surgery at 80% of your usual dose.

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Diabetes medicines may need to be stopped or changed before a test or surgery. This is important for your health. There is less of a chance for infection or other problems if your blood sugar is in the normal range before a test or surgery.

- **If you are on a clear liquid diet the day before your test or surgery**, call your doctor to check if you need to make other changes to your medicine dose.

- **Check your blood sugar the morning of your test or surgery**. If it is above 250 or less than 70, call your doctor for more instructions. High or low blood sugars may result in a delay or cancellation of your test or surgery that day.

- **Tell your nurse that you have diabetes** when you arrive at the test area or at pre-operative holding area.

### Your oral diabetes medicines

These are general guidelines for how to take insulin before tests or surgery. Check with your doctor to see how much insulin you need and if you need to follow different guidelines.

- **If you are having a test or surgery that includes IV contrast dye and you take Glucophage, also called metformin, or any other medicine that has metformin in it, such as Metaglip, Glucovance, Avandamet or ACTO plus Met:**
  - Stop the medicine the day before the test or surgery. You should take your last dose on ______________(date).
  - Do not take this medicine for 2 days after your test or surgery. Restart this medicine on the third day after your test or surgery.
  - If you are not sure if you will have a test with IV contrast, call your doctor to find out.

- **If you are having a same day test or surgery and you take other diabetes pills:**
  - Do not take your diabetes pills in the morning before your test or surgery.
  - If your test or surgery is done before noon and you are able to eat and drink, take your morning diabetes medicine after your test or surgery.
  - If your test or surgery is done after noon and you are able to eat and drink, take your diabetes medicine at the next scheduled time. You will skip your morning dose.

- **Check your blood sugar at least 4 times each day for the next 1 to 2 days after your test or surgery.**
If you take insulin

- If you take Lispro, Humalog, Aspart, Novolog, Glulisine, Apidra or Regular insulin:
  - Do not take the dose the morning of your test or surgery.
  - You can start your usual dose after your test or surgery when you are able to eat and drink.
  - Plan to check your blood sugar at least 4 times each day for the next 1 to 2 days after your test or surgery.

- If you take Detemir, Levemir, Glargine or Lantus insulin:
  - Cut your dose in half the evening before or the morning of your test or surgery. For example, if your usual dose is 32 units, 32/2 = 16. Your reduced dose would be 16 units.
  - If you are not sure, ask your doctor how much insulin you should take.
  - Take _____ units of _____________ on the night before or the morning of your test or surgery.
  - If you are able to eat and drink after your test or surgery, take your usual evening dose.
  - Plan to check your blood sugars at least 4 times each day for 1 to 2 days after your test or surgery.

- If you take NPH, 70/30, 75/25, or 50/50 insulin:
  - Reduce your evening dose the day before your test or surgery to 80%. Use the table to find your reduced dose.
  - Also, reduce your morning dose by ½ or 50% of your usual dose the day of your test or surgery. For example, if your usual morning dose is 30 units, you would take only 15 units. Take ________ units of ______________ the morning of your test or surgery.
  - If you are able to eat and drink after your test or surgery, resume your usual evening dose.
  - Plan to check your blood sugars at least 4 times each day for 1 to 2 days after your test or surgery.

80% of usual insulin dosing chart

Use this chart to know how much insulin you need before a test or surgery at 80% of your usual dose.

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Talk to your doctor or health care team if you have any questions about your care.

The Library for Health Information is available to help you find more health information at (614) 293-3707 or e-mail: health-info@osu.edu.

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Care after EPS or Ablation

- Home Care Instructions After Your Electrophysiology Study (EPS)
- Preparing to Leave the Hospital
Home Care Instructions After Your Electrophysiology Study (EPS)

Date: ______________

You had a(n) ___________________ today by Dr. ______________.

You are scheduled to follow-up with Dr. ______________ on ______________ in the Ross Heart Hospital Clinic. Call 1-888-293-ROSS (7677) with questions about your appointment.

Please call your primary care doctor or your cardiologist to set up an appointment in 4 weeks.

Follow these instructions for your care at home.

- **Have someone stay with you overnight the first evening** after your EPS.
- **Limit your activity for the next few days** to help your recovery and help prevent problems.
  - Do not drive for 24 hours.
  - Walk around but **limit stair climbing for the next 4 days**.
  - Do **not lift objects that weigh more than 10 pounds for 4 days**. A gallon of milk weighs about 8 pounds.
  - **Avoid strenuous activity for 1 week**.
- Take a sponge bath if you want this evening but wait until tomorrow morning to shower. **Do not soak your leg puncture site in water for 5 days**.
• Remove your band-aid the morning after the test.

• As you shower or bathe, wash the puncture site gently and pat it dry. **Do not scrub the site.**

Before you leave the hospital, **be sure to ask your doctor or nurse practitioner when you can return to work** and your other normal activities.

**Watch for possible problems, such as bleeding, chest pain, clot formation, or infection.**

Please call 1-888-293-ROSS and ask for your doctor’s nurse if you have any problems or questions. If you are calling after 5pm or on the weekend, ask for the Cardiology Fellow on call. **If you feel the problem is an emergency, call 911.**

**Bleeding**

If you start to bleed from where the puncture was done, **lie down on your back** as flat as you can. Have someone use a gauze pad or clean washcloth and push down on the site with firm pressure. **Keep pressure on the site for 10 - 15 minutes.** If the bleeding has stopped, continue to **lie flat with your leg straight for 60 minutes.**

**If bleeding has not stopped or it starts again a second time, apply pressure again and call the OSU Cardiology Fellow or call 911.**

• **Call if you have chest pain or shortness of breath**

• **Clots** can block circulation in your body causing numbness, coldness and pain. Call your doctor right away if these symptoms occur.

• **Call if you have** signs of infection at the puncture site, such as fever above 100 degrees F, swelling, warmth, redness, pain, or drainage at the site.

• **Talk to your doctor or others on your health care team if you have questions. You may request more written information from the Library for Health Information at (614) 293-3707 or email: health-info@osu.edu.**
Preparing to Leave the Hospital

Hospital stays are often short due to changes in health care delivery and technology. This handout will give you things to consider about your care after discharge, such as:

- Define discharge planning
- Describe how it is done
- Present various discharge options
- List members of the health care team who will help
- Provide you with resources to use after you go home

We hope that you find this handout helpful and useful.

What is discharge planning?
Discharge planning helps you, your family and the health care team coordinate your care during and after you leave the hospital.

- What help will be needed?
- Who will help?
- What equipment will be needed?
- Can these services be provided for you when you get home?

Discharge planning varies with each person. Most patients leave the hospital and go home after a short stay. Extra care at home is not needed because they can care for themselves.

Sometimes, care after a hospital stay is needed. This care can be provided in different ways based on what you need. Planning for discharge before you leave the hospital will make things easier for you after you leave.

What are my responsibilities?
You and your family should learn about your condition and what care will be needed to continue your recovery. You and your family need to understand:

- What help will be needed.
- What medicines you will be taking.
- How to take your medicines.
- Possible side effects of your medicines.
- What to do if side effects occur.
- Treatments that will need to be done.
- Equipment that will be needed.
- Special diet changes that may be needed.
- How to advance your activity.
- When to return to the doctor.
- Whom to call if you have questions.
- How these services will be paid for.
# Going home checklist

This checklist will help you to think about your health care needs after discharge. When you talk to your doctor or nurse about going home, have this checklist available and refer to it as you discuss your needs. If the answer to many of the questions is no, you may need to consider other discharge options.

## What is your home situation?

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## What is your home environment like?

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## Will you or your family be able to provide the following care, if needed?

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What types of services are available?

Today, there are many services available. Although you may need more care, you may not need to stay in the hospital. Care can be given in many ways and in a variety of places. The following discharge options may be considered.

**Independent Care**

Before discharge, the health team members will teach you and your family about the care you will need at home. This may include simple wound care, dressing changes, feeding methods, catheter care, and medicine instructions. If you and your family can manage all of your care needs, you will go home without any community or agency support.

**Home Health Care**

If your care is too complex for you and your family to do, a home health agency may be used. Based on your needs, a nurse may come to your home several times a week or daily. Complex dressing changes, medicine administration or treatments can be done by the nurse. In addition to a nurse, a home health aide may help with activities, such as bathing, grooming, eating and getting out of bed.

**Assisted Living**

Nursing homes do not provide constant attention from nurses or aides. If you are capable of independent living but require some help with personal care and homemaking services, you can benefit from this type of facility. However, it is often not paid for by private insurance.

**Extended Care or Intermediate Care Facility**

These facilities are for those who need daily assistance with more than two of their activities of daily living (ADLs), such as bathing, eating, getting to the bathroom or walking, and are expected to need that level of care for an extended length of time. This is not paid for by private insurance or Medicare. If patient is not able to pay for this level of care, they may be eligible for Medicaid.

**Subacute Rehabilitation or Skilled Nursing Facility**

If you need more time to recover after you have had a long illness, you may need a skilled nursing facility. A skilled nursing facility is available if you need complex medical care or specialized care, like physical, occupational or speech therapy. These facilities can provide 24-hour care to meet these needs. The type of care your doctor feels you need will determine the level of care appropriate for you. This type of care is paid for by Medicare or private insurance.

**Acute Rehabilitation**

Acute rehabilitation provides care after serious injury or illness where intense rehabilitation is needed. It teaches the person who has had a stroke, brain injury, spinal cord injury or orthopedic problems and their family member about self-care, skin management, mobility, cognition, leisure and living in the community. The goal of inpatient rehabilitation is to get the patient home or to a lesser level of care.

**Hospice**

Hospice care is available if you have a life threatening or terminal illness and have decided not to seek more treatment and wish to be kept comfortable. Hospice staff understands the special needs you and your family have at this difficult time. Nurses, social workers, aids, clergy and volunteers may also be available to help. Hospice care can be provided in your home or in a hospice facility.
Who will help plan my discharge?

Discharge planning begins the moment you enter the hospital. Our goal is to get you home safely and in good health. The health care team, under the direction of the doctor, will advise you about your care needs after discharge. Please remember, you are the most important member of the team. Your needs and preferences are of utmost concern to the hospital. The following health care members are available to help with your discharge plan.

- Doctors
- Nurses
- Social workers
- Dietitians
- Physical Therapists (PT)
- Occupational Therapists (OT)
- Speech Language Pathologists (SLP)
- Pharmacists
- Respiratory Therapists (RT)
- Case Manager or Patient Care Resource Manager (PCRM)

The Case Manager/PCRM is a service specific case manager who will help to bring all of the plans together and be available to aid you in making decisions.

How will these services be paid for?

You are probably concerned about the cost of the services you will need. The cost of services may depend on your income and insurance status. Members of the discharge team will help you explore coverage within your budget for needed services. Sometimes other plans may have to be made. The services that you can receive may be controlled by your ability to pay for these services. There is a lot of variation in what insurance will and will not cover. Medicare, Medicaid and private insurance may only pay for a small part of the costs. Financial counseling is available to answer your questions about paying your bill if you do not have health insurance. Questions about your eligibility for Medicaid can also be addressed.

What will happen on the day I leave the hospital?

On the day of discharge, you will receive written discharge instructions. These instructions will include information about medicines, activity, diet, home care treatments and follow-up appointments. Please take time to review these instructions. If you are unsure about something, please ask your nurse or doctor.

We feel confident that the planning you and your health care team have done will support and help you to a full recovery.
What if I need more help after I leave the hospital?

Our relationship with you does not have to end when you leave the hospital. If you have problems with your care or if you do not understand the instructions given to you, please call your Case Manager/PCRM or doctor’s office. If you have questions about your medicines, please call your doctor’s office or local pharmacist. These hospital and community resources are also available:

**Patient Experience / Billing Questions / Lost Property**

If you have questions related to these areas, you can obtain further information from the Hospital Operator by calling 614-293-8000. He or she will connect you to someone to assist you.

**Library for Health Information**

Located in the 5th floor atrium of Doan Hall and Rhodes Hall, the Library for Health Information is a consumer health library. You or your family can request health information about your condition while you are in the hospital or after you go home. Call 614-293-3707 or e-mail health-info@osu.edu to make a request.

**Enterostomal Services**

If you need instruction or support in caring for a colostomy, ileostomy or urinary diversion, a registered nurse, with special training in enterostomal therapy (ET), can help. The ET nurse will instruct you while you are in the hospital and will be a resource when you leave the hospital.

**The James Line**

The James Line is a 24-hour information line to the Comprehensive Cancer Center at Ohio State’s Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. You can get the latest information on cancer prevention and early detection, as well as advice and support on cancer related issues. Call 1-800-293-5066.

**Outpatient Clinic Services**

Visits to the doctor’s office, community health center or physical therapist are called outpatient or ambulatory care. The Ohio State University Wexner Medical Center offers many services that you may use as an outpatient after you leave the hospital.

**Rehabilitation**

Ohio State Wexner Medical Center offers comprehensive acute (inpatient) and outpatient rehabilitation including physical, occupational, recreational, speech and cognitive therapies. Rehabilitation may be needed for patients recovering from neurological disorders, stroke, sports injuries, automobile accidents, orthopedic injuries or other problems.

**Center for Wellness and Prevention**

Located at Martha Morehouse Outpatient Care, 2050 Kenny Road, Pavilion, Suite 1010, the Center offers group and individual education. Special rehabilitation programs are available for patients with cardiac and pulmonary problems. Exercise, weight management and other topics to improve your health are also offered. Call 614-293-2800 for more information.

**Support Groups**

If you are interested in meeting formally or informally with people who share situations similar to yours, support groups are available. Small groups may meet regularly or set up a telephone call to provide one another with advice, emotional support, information and other aid.
Community Resources
A wide range of community services are available. Talk to the social worker or Case Manager/PCRM for assistance.

HandsOn Central Ohio
This organization provides community wide information and referral services. Call 211, 24 hours a day or call 614-221-6766 during business hours for more information.

Adult Day Care
A community based group program designed to meet the needs of functionally impaired adults through individualized plans of care. Structured comprehensive programs offer a variety of health, social and related support services in a protective environment. Participants may be seen up to five days a week. Funding sources are varied but may include PASSPORT, Senior Options, Veteran’s Administration and long term care insurance.

Counseling
Community mental health centers have a number of services that you can use. Netcare Access provides 24-hour mental health and substance abuse crisis and assessment services for Franklin County. Call 614-276-2273 for more information.

Financial
Call your local county Department of Human Services for information on Medicaid or Ohio Healthy Start (Children’s Health Insurance Program). For information on Medicare, Social Security or Supplemental Security Income (SSI), call 1-800-772-1213.

In summary
Planning to leave the hospital is one more step towards your recovery. We hope this information helps you to plan for and make decisions about your care needs after discharge. Please talk with your health care team about your questions and concerns.

Health Department
Your local Health Department has resources and information about health related problems.

Home Health Care Services
If you need skilled nursing care, physical or occupational therapy or other home care services, search for “Home Health Care” resources in your area at www.yellowpages.com.

Meals on Wheels
If you are over 60 years old and home bound and reside in Franklin, Marion or Madison counties, you can have a hot meal delivered to your home. Chronically ill persons under 60 may also qualify. Call Lifecare Alliance at 614-278-3130 for more information or to be screened as a client.

Medical Equipment
Aids, such as walkers, shower chairs, mechanical feeding devices, page turners, and bedside commodes, can be obtained from local companies. Not all equipment is covered by insurance and coverage varies among polices. Check with your company’s policy to determine your coverage. Many insurance companies have a list of medical equipment companies you can use.

Talk to your doctor or health care team if you have any questions about your care.

The Library for Health Information is available to help you find more health information at (614) 293-3707 or e-mail: health-info@osu.edu.

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Medicines

- A General Guide for Taking Medicines
- Warfarin (Coumadin)
- Your Medication Record at Home
A General Guide for Taking Medicines

Use this guide to help you learn about your medicines to take them safely. Ask your doctor, nurse, or pharmacist for more specific information about each medicine you are taking.

Keep a list of all of your medicines

Keep a list of all of your medicines with you so you can show the list to your doctor and dentist at each visit. Be sure to include:

• Prescription and over the counter medicines
• Vitamins and herbal products such as St. John’s Wort, garlic, ginko biloba, or vitamin E
• Dietary supplements and homeopathic remedies such as juices, teas, or other products
• Sample medicines you may have been given by your doctor
• Skin patches, eye drops, inhalers, creams, and ointments
• Medicines delivered by pumps, such as insulin or pain medicine

Keep the list up to date.

Before taking a new medicine, tell you doctor if:

• You have an allergy or ever had a reaction to any medicine, herbal product, food or other substance.
• You are on a special diet, such as a low salt or low sugar diet. Being on a special diet may change how a medicine works.
• You are pregnant, plan to become pregnant, or are breastfeeding.
• You are taking any prescription or over the counter medicines, herbal products, vitamins, or other dietary supplements.

Ask questions to learn about your medicines

Ask questions of your doctor or pharmacist to learn about your medicines and write down the answers so you can refer to them later. Questions you may want to ask:

• What is the generic and brand names of the medicines?
• Why am I taking this medicine?
• What does the medicine do?
• How much do I take and how often should I take it?
• What time should I take it?
• Should I take it with food?
• What food, drink or activities should I avoid while taking this medicine?
• What are the usual side effects and what do I do if they occur?
• What do I do if I forget to take my medicine?
• When should I expect the medicine to start working and how can I tell if it is working?
• Are there any tests I need to have while taking this medicine?
• How long do I need to take it?
• Is it safe to take with other medicines that I am taking?
• Should I stop taking my medicine for any special reasons?

Use your medicines safely
• Take your prescribed medicines at the right time for the full length of time your doctor ordered, even if you are feeling better.
• Get refills of your medicine 5 to 7 days before your supply is gone so you don’t miss a dose.
• Do not stop taking your medicines without checking with your doctor.
• If you have any side effects that you did not expect, call your doctor.
• Always read the label before taking any medicine.
• Check the date on the bottle and throw out any medicines that have expired.
• Take over the counter medicines as directed on the label. Ask your pharmacist to help you choose an over the counter medicine.

Child proof caps are required by law to reduce the number of accidental poisonings. If there are no children in your home, you can ask your pharmacist for an easy open cap. You may need to sign a release form.

Storing medicines
• Keep your medicine tightly capped and in the original bottle. If you use a pill reminder box, put only enough medicine for the day or week.
• Store your medicines away from heat and direct sunlight. Do not put medicines in the bathroom cabinet because heat and moisture may cause changes in the medicines.
• Store medicines where children and pets cannot get to them.
• Do not store medicines in the refrigerator or freezer unless you are told to do so.
• Outdated medicines or any prescription medicines not used for more than 1 year should be thrown out. Check with your pharmacist about how to safely get rid of them. Do not throw old medicines in the trash can. Watch for community drug take back programs.
Other precautions

- Do not give your prescription medicines to other people. This can be dangerous and it is against the law.
- Use only 1 pharmacy so the pharmacist has a record of all of your medicines.
- Check all of your medicines before leaving the pharmacy. Read the name, strength and instructions on the bottle. Open each and look at the pills. If anything looks different than you expected, talk to the pharmacist before you leave.
- If you have chemotherapy medicines, ask the pharmacist how to safely handle and dispose of those medicines.
- If you take more medicine than prescribed, call the poison control center, your doctor, or pharmacist right away.
Warfarin

Warfarin is part of a group of medicines called anticoagulants. ANTI means against and COAGULANT refers to the clotting of blood. This medicine helps to prevent new harmful blood clots from forming in and around the heart, lungs, and in the blood vessels that supply blood to your brain and heart. It can also keep existing blood clots from moving and getting worse. Warfarin itself will not dissolve blood clots. Your body dissolves clots naturally. Sometimes, warfarin is called a blood thinner, but it does not actually thin your blood.

**Brand names:** Coumadin, Jantoven

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**Your reason for taking this medicine:** __________________________________________

**Your goal INR range:** __________ to _________

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**When to contact your healthcare provider**

- If you think you have become pregnant, or plan to become pregnant while using this medicine, tell your provider right away. Using this medicine when you are pregnant can harm your unborn baby. Discuss birth control options while you are on warfarin with your provider.
- Talk to your provider right away if you are scheduled for a surgery or procedure as you may need to change to another medicine in the days before and after.
- Report any falls or blows to the head to your provider right away (even if you feel fine) or go to the emergency department for evaluation if you are unable to reach your provider.

**Call your provider right away if you notice any of these side effects:**

- Allergic reaction: Itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble breathing
- Bleeding from your gums or nose, coughing up blood, heavy monthly periods
- Bleeding that does not stop, bruising, or weakness
- Dizziness, fainting, light-headedness
- Pain, brown or black skin, or skin that is cool to the touch
- Purple toes or feet, or new pain in your leg, foot, or toes
- Purplish red, net-like, blotchy spots on the skin
- Red or dark brown urine, or red or black tarry stools
- Vomiting blood or material that looks like coffee grounds

If you notice other side effects that you think are caused by this medicine, tell your provider. Call your provider for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.
How to use this medicine

Tablet:
• Take your medicine as directed. Your dose may need to be changed several times to find what works best for you.
• Warfarin tablets can be many different shapes based on the manufacturer, BUT each milligram (mg) strength comes in just one color. For example, a 5 mg tablet will always be peach. Each time you fill your prescription make sure the tablet color matches the strength you are prescribed.
• Take warfarin at the same time each day. The best time of day to take your warfarin is the time when you will remember to take it every day. You may take warfarin with or without food.
• If you have less than a two week supply of medicine, ask your provider for a new prescription.

Dose:
• Your provider will tell you the amount (dose) of warfarin to take. Your dose may need to be changed several times in order to find the best dose for you.
• You may be told to use different amounts on different days of the week.
  ‣ For example, you may be told to take 5 mg each day except on Mondays, Wednesdays, and Fridays when you are to take only 2.5 mg.
• Know your current dose. Tell your prescriber the strength of warfarin tablet(s) you have available and ask how much warfarin to take. Read the dose and instructions back to your prescriber to make sure you understand them. Your current instructions should include the current date, so you will not confuse them with older instructions. Your current dose instructions may be different than what is on your prescription bottle. Keep your current dated instructions close to your medicine and read them to check your dose each time you take your medicine.

If a dose is missed:
• If it is still the same day, take the dose as soon as you can.
• If it is the next day, skip the missed dose and take your normal dose. Write down the date of any missed dose to notify your provider when you have your next INR blood test.
• Contact your provider if you miss two or more doses in a row.
• If your provider told you to stop taking warfarin until your next INR blood test, contact them if you don't hear anything within 24 hours of the test to find out your new dose or when to restart warfarin.

How to store and dispose of this medicine:
• Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light. Do not store in the bathroom.
• Ask your provider or pharmacist how to dispose of unused tablets safely. Do not flush down the toilet.
Understanding INR blood tests

- **You must have INR (International Normalized Ratio) blood tests while you take warfarin.** Blood tests are the only way to measure the balance between bleeding and clotting. This is why it is very important to keep all of your appointments with your lab, provider, or anticoagulation clinic.

- INR is a calculation of how long it takes for your blood to clot. A normal INR for someone who does not take warfarin is 1.0. The higher the INR measurement, the longer it takes for your blood to clot. It is normal for your INR measurement to change slightly from time to time.

- Warfarin will cause the INR to increase, which prevents blood clots from forming easily.

- Based on the medical condition being treated, your provider will decide your goal INR range, often 2.0 to 3.5. For example, your provider may determine a goal INR range of 2.0 to 3.0.

- The INR lab test will show how sensitive you are to the medicine. It helps guide if your dose needs changed. The amount of warfarin you need to reach your goal INR may be very different from another person who takes warfarin. This is because the dose you need is based on many factors, such as genetics, age, certain medical conditions, activity level, diet, other medicines, etc.

- At first, your blood will be drawn often, such as every couple days, to check your INR results. After you take warfarin for a while, the blood test will be ordered less often. This occurs when your dose is stable and your INR is in goal range. The test may be drawn every 4 to 6 weeks.

- **If your INR result is below your goal range**, your blood is clotting too quickly. You may be at increased risk for new clots to form or existing clots to worsen.

- **If your INR result is above your goal range**, it is taking too long for your blood to clot. You may be at increased risk for bleeding and bruising problems.

- **Call your provider for your test results and dose instructions if you are not contacted within 24 hours of your INR blood test.**

Your diet and warfarin

It is important to carefully follow your provider’s instructions about any special diet. The amount of vitamin K in your diet can affect the amount (dose) of warfarin you need to take. Your medicine dose must be balanced with your diet to give the best drug effect.

- You do not have to follow a diet low in vitamin K. In fact, not getting enough vitamin K can lead to weak bones and other problems. It is more important to **eat foods with vitamin K in about the same amount from week to week.**

- Eating more or less of foods with vitamin K than you normally do may change the way warfarin works in your body and may increase your risk of bleeding or blood clots. If you greatly increase or decrease these foods in your diet, let your provider know right away.

- Foods high in vitamin K include cooked kale, spinach, and collards, and mustard and turnip greens. Vitamin K is a fat soluble vitamin and may be found in some oils and fried foods. For a more complete list, ask your provider or dietitian for the handout, *Diet and Warfarin.*

- Do not eat grapefruit or drink grapefruit juice while you are using this medicine.

- Avoid or limit drinking alcohol while you are using this medicine.
Warfarin and taking other medicines

• Ask your provider or pharmacist before using any other medicine, including over-the-counter medicines, vitamins, and herbal products.

• Many medicines can affect how warfarin works and may affect INR test results. Tell your provider before you start or stop any medicine, especially the following:
  ‣ Medicine to treat an infection, including antibiotics and antifungals.
  ‣ Steroid medicines, including dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone.
  ‣ NSAID pain or arthritis medicine, including aspirin, celecoxib, diclofenac, diflunisal, fenoprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, mefenamic acid, naproxen, oxaprozin, piroxicam, sulindac. Check labels for over-the-counter medicines to find out if they contain an NSAID.
  ‣ Your provider may prescribe aspirin as a part of your care. It is safe to take warfarin with 81 mg of aspirin daily as directed by your provider.
  ‣ Other blood thinners, including apixaban, argatroban, bivalirudin, cilostazol, clopidogrel, dabigatran, desirudin, dipyridamole, heparin, lepirudin, prasugrel, rivaroxaban, ticlopidine.
  ‣ Over the counter medicines, including Co-enzyme Q10, echinacea, garlic, ginkgo, goldenseal, or St John’s wort.
  ‣ Heart related medicines, such as amiodarone and torsemide.
  ‣ Chemotherapy.
  ‣ Medicine to treat depression or anxiety, including citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, milnacipran, paroxetine, sertraline, venlafaxine, vilazodone.

Warnings and precautions while using this medicine

Tell your provider if you:

• Fall or receive a blow to the head (even if you feel fine). If you are unable to reach your provider, go to the emergency department to be checked.

• Have vomit that is bloody or that looks like coffee grounds. If you are unable to reach your provider, go to the emergency department to be checked.

• Become pregnant. It is not safe to take this medicine during pregnancy. It could harm an unborn baby. Use an effective form of birth control to keep from getting pregnant and for at least 1 month after your last dose.

• Are breastfeeding.

• Have kidney disease, liver disease, diabetes, heart disease, heart failure, high blood pressure, an infection, a stomach ulcer, or protein C deficiency.

• Have a history of stroke, anemia, severe bleeding or bruising, or problems caused by heparin use.

• Have an injury.

• Are scheduled for a surgery or procedure.
This medicine may cause the following problems:

- Bleeding, which may be life-threatening
- Gangrene (skin or tissue damage)
- Calciphylaxis or calcium uremic arteriolopathy
- Kidney problems, including acute kidney injury
- Purple toes syndrome

Bleeding precautions while using this medicine:

You may bleed and bruise more easily, and it may take bleeding longer to stop and bruises longer to heal.

To prevent injury or cuts:

- Do not play rough sports, and stay away from activities where you could be bruised, cut, injured, or fall.
- Be careful with sharp objects, including razors (electric razor preferred) and fingernail clippers.
- Gently brush teeth with a soft toothbrush, and use waxed dental floss.
- Blow your nose gently, and do not pick your nose.

Safety precautions:

- Carry an ID card or wear a medical alert bracelet to let emergency caregivers know that you use warfarin.
- Tell all of your providers, dentists, nurses, and pharmacists that you are on warfarin. You may need to stop using this medicine several days before you have surgery or medical tests.
- Keep all medicine out of the reach of children. Never share your medicine with anyone.

The information in this handout is only a brief report about warfarin. This medicine should come with a medication guide. If you do not receive one, ask your pharmacist. Review the guide closely for more complete details.

Adapted from © 2018 Truven Health Analytics LLC
Your Medication Record at Home

Record the time you take your medicines under the date. Take this record with you to your next doctor's visit.

Your Pharmacy ____________________ Phone __________________

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Learn more about your health care.