

Patient Name

INSTRUCTIONS: Complete section A or B for initial ICD implants. Complete section C if implanting CRT (BiV). Complete section D for change outs. This form must be completed and faxed to the Scheduling department before the procedure can be scheduled. FAX #'s: University- 937-3333 North-937-3336 Germantown- 937-3338

A. Indications for implanting cardiac defibrillators for life-threatening tachyarrhythmias:
Complete the applicable indication box (1 or 2)

- Documented sustained V-tach, either spontaneous or induced by EPS, not associated with AMI or a transient or reversible cause.
 If induced, date of Electrophysiology Study (EP) _____
- Documented episode of cardiac arrest due to V-fib not transient or reversible cause.

B. Indications for implanting cardiac defibrillators for prevention of tachyarrhythmias in CHF patients (post SCD-HeFT):
Complete the applicable indications box (1, 2, 3, 4, or 5)

- Documented family history w/high risk of life-threatening V-tach **and**
 Long QT syndrome **or** Hypertropic cardiomyopathy
and
 Patient has none of the following contraindications:
 - Unable to give informed consent
 - Had an acute MI within the past 40 days
 - Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm
 - Had a CABG or PTCA within the past 3 months
 - Clinical symptoms or finding that would make them a candidate for coronary revascularization
 - Irreversible brain damage from pre-existing cerebral disease
 - Any disease other than cardiac, associated with the likelihood of survival less than 1 year.
- Coronary Artery Disease (CAD) with documented prior MI (**Date of MI** _____), LVEF $\leq 35\%$, and inducible sustained V-tach or V-fib. (MI must be more than 4 weeks ago and EPS must be performed more than 4 weeks after the qualifying MI)
EF obtained _____ (date) **EF** _____% by cath ECHO MUGA
 Patient has none of the contraindications listed above in #B1.
- Documented MI more than 40 days prior: **Date of MI** _____ and LVEF ≤ 30 **EF** _____% **and**
 Patient has none of the contraindications listed above in #B1 **and**
 Patient does not have NYHA Class IV heart failure
- Ischemic dilated cardiomyopathy, documented prior MI (**Date of MI** _____), NYHA Class II and III heart failure, left ventricular ejection fraction (LVEF) $\leq 35\%$, EF obtained _____(date) **EF** _____% by
 Cath ECHO MUGA **and**
 Patient has none of the contraindications listed above in #B1.
- Non-ischemic dilated cardiomyopathy more than 3 months, NYHA Class II or III heart failure, LVEF $\leq 35\%$
 EF obtained _____(date) **EF** _____% by cath ECHO MUGA **and**
 Patient has none of the contraindications listed in #B1

C. Indications for using a CRT / BiV Defibrillator:

- Meets criteria selected above in box A or B and has QRS interval > 120 ms QRS interval _____ **or**
- Has NYHA Class IV heart failure and QRS interval > 120 QRS interval _____

D. Replacement of existing ICD

- Replacing an existing implantable cardioverter defibrillator (ICD)
 - Malfunction Recall _____ Battery depletion Device end-of-life _____
 - Infection Upgrade - *if BiV complete section C***Reason for Initial Implant:**
 VT VF Cardiac arrest Cardiomyopathy

Physician Signature & MD # _____ Date _____

Scheduled Date of Procedure _____ Cath Lab Reviewer _____ Date _____
 (Scheduled date provided by scheduling dept.)REV0909

