



# PACEMAKER / ICD REGISTRY

UNIVERSITY OF OTTAWA  
HEART INSTITUTE  
INSTITUT DE CARDIOLOGIE  
DE L'UNIVERSITÉ D'OTTAWA

Outpatient Referral to be faxed to: 613-696-7123

Inpatient Referral to be faxed to: 613-696-7144

Unique number \_\_\_\_\_

Name \_\_\_\_\_  
SURNAME FIRST NAME INITIAL

Male  Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Ontario Health # \_\_\_\_\_

OR  Other Province  Other Country  Not Available

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Referring MD: \_\_\_\_\_ Date of Referral: \_\_\_\_/yy \_\_\_\_/mm \_\_\_\_/dd

Location:  Home  UOH  Other: \_\_\_\_\_

Referring Physician Details:  Internist  EP Cardiologist  General Cardiologist  Family/GP  Cardiovascular Surgeon

REFERRING PHYSICIAN TO COMPLETE

### REASON(S) FOR REFERRAL

- ICD  ICD Primary Prevention  ICD Secondary Prevention
- CRT-ICD Primary Prevention  CRT-ICD Secondary Prevention
- Pacemaker  Reveal

### CLINICAL HISTORY/PHYSICAL EXAM

#### Patient History:

- Ischemic CM  Non-Ischemic CM
- Hypertrophic CM  Infiltrative CM
- Long QT syndrome  ARVC
- Brugada  Valvular Heart Disease
- Congestive Heart Disease  No Structural Heart Disease
- Inherited Arrhythmia Syndrome  Cardiac Arrest  No  Yes
- Other: \_\_\_\_\_

Is the patient competent to consent?  No  Yes

Is patient on coumadin?  No  Yes

Does the patient have a physical or mental condition making it difficult to lie flat for more than 3 hours with minimal sedation?  No  Yes

Current Device  No  Yes

Current Device Details: \_\_\_\_\_

### HEART FAILURE CLASS NYHA 1 2 3 4

LV function  Done  Not done

Method:  Echo  MUGA

Actual EF \_\_\_\_\_ enter number 0% to 70%

- EF Grade:  I greater than 50%  II 35-43 %
- III 20-34 %  IV less than 20 %  N/A

### DOCUMENTED ARRHYTHMIA

No  Yes, If yes please provide sample rhythm strip/ECG

VF  VT  SVT  Syncope  Other: \_\_\_\_\_

2<sup>o</sup>  3<sup>o</sup>  Pauses

SSS  SSS + AV block  Other: \_\_\_\_\_

### COMORBIDITY ASSESSMENT

NYHA  1  2  3  4 Height \_\_\_\_ cm Weight: \_\_\_\_ kg

No Yes

Creatinine \_\_\_\_\_ Date \_\_\_\_ yy \_\_\_\_ mm

Dye Allergy

Latex Allergy

Dialysis

Diabetes    Insulin  Oral Meds

Previous CABG   Date \_\_\_\_ yy \_\_\_\_ mm

Previous PCI   Date \_\_\_\_ yy \_\_\_\_ mm

Hypertension

COPD

Congestive Heart Failure

Valvular Disease

Anticoagulant:   Specify \_\_\_\_\_

Vascular Disease History   CAD, PVD or other atherosclerosis

Prior stroke/TIA/Thromboembolism

Recent MI   Date \_\_\_\_ yy \_\_\_\_ mm

History of MI in months  Unknown

1-3  more than 3-6  more than 6-12  more than 12

Referral Physician signature: \_\_\_\_\_

Date (yyyy/mm/dd): \_\_\_\_\_

### Legend:

- ARVC Arrhythmogenic right ventricular cardiomyopathy CABG Coronary artery bypass graft CAD Coronary artery disease CM Cardiomyopathy
- COPD Chronic obstructive pulmonary disease CRT Cardiac resynchronization therapy MI Myocardial infarction EF Ejection fraction
- ICD Internal cardiac defibrillator PCI Percutaneous coronary intervention VT Ventricular tachycardia AV Atrial ventricular
- PVD Peripheral vascular disease SVT Supraventricular tachycardia SSS Sick sinus syndrome VF Ventricular fibrillation
- VVI Pacing in ventricle, sensing in ventricle, inhibiting intrinsic action in ventricle TIA Transient ischemic attack
- DDD Dual pacing in atria-ventricular, dual sensing in the atria-ventricular, dual inhibiting and triggering in atria-ventricular

**PACEMAKER / ICD BOOKING SHEET**

**Section A- ICD Rounds** Date of ICD Rounds: \_\_\_\_\_

**ICD Rounds Decision:**

- Yes and patient agreed to ICD       No Patient does not meet criteria but further testing or treatment needed and patient will be re-presented at a later time
- Yes and patient declined ICD       No Patient does not meet criteria at the current time and sent back to referring physician

Physicians present at ICD rounds:     Birnie     Davis     Sadek     Green     Lemery     Nair     Nery     Redpath

**Section B - Device Prescription**

Is the pulse generator sub-pectoral?     Yes     No

<input type="checkbox"/> ICD	<input type="checkbox"/> Lead	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Reveal
<input type="checkbox"/> VVI (R) (L)	<input type="checkbox"/> RA+RV+LV	<input type="checkbox"/> VVI (R) (L)	<input type="checkbox"/> Implant
<input type="checkbox"/> DDD (R) (L)	<input type="checkbox"/> RV+LV	<input type="checkbox"/> DDD (R) (L)	<input type="checkbox"/> Explant
<input type="checkbox"/> CRT (R) (L)		<input type="checkbox"/> CRT (R) (L)	

Company:     Medtronic     Boston Scientific     Eihor     Other

DFT testing:     Not to be done     Must be done

Any specific Programming instructions:

**Section C - Anesthesiology Requirements**

Anesthesia care required     Yes     No

**Section D - Medication Orders**

- Coumadin Instructions:     Stop 4 days before -no substitution required
- Continue Coumadin and do procedure with therapeutic INR
- Check INR pre-procedure:      4 days      1 day

**Other Anti-coagulant Instructions:**

Physician Signature for medication orders:

Date (yyyy/mm/dd):

**Section E- EP Physician to do Procedure:**

Supported with: \_\_\_\_\_

- Birnie     Davis     Sadek     Green     Lemery     Nair     Nery     Redpath     Any

**EP Physician Estimation of Urgency:**

- Urgent inpatient: 24-48 hours     Semi-Urgent ( \_\_\_\_ weeks)     Priority (15-60 days)     Elective / Routine

EP Physician Signature:

Date (yyyy/mm/dd):

Date Booked:    \_\_\_\_\_ yy \_\_\_\_ /mm \_\_\_\_ /dd

Procedure MD: \_\_\_\_\_

Patient Letter / Brochure Sent:    \_\_\_\_\_ yy \_\_\_\_ /mm \_\_\_\_ /dd

Admit Date:    \_\_\_\_\_ yy \_\_\_\_ /mm \_\_\_\_ /dd

- Admit     DU     PAU     PAU w/ GA     PAU w/ BHcg

Procedure Date:    \_\_\_\_\_ yy \_\_\_\_ /mm \_\_\_\_ /dd

Translator Required:     N     Y

Specify: \_\_\_\_\_

Comments:

EP PHYSICIAN TO COMPLETE

WAIT LIST TO COMPLETE