

Request for Deactivation of Implanted Cardioverter Defibrillator (ICD)

Patient Name:

Hospital / NHS number:

Date of birth:

Address:

Point of contact for deactivation arrangements:

Who:

Contact Tel number:

Patient consent has been given & "deactivation consent form deactivation form" has been signed by patient/proxy (please enclose)

A record of decision is documented in patient records by physician in charge if possible and/or consent to deactivate has been signed

Section A: Patient is near end of life (URGENT)

A magnet has been obtained from the centre below and taped securely over the patient's ICD as per community SOP for unplanned ICD deactivation

Please can you make arrangements within 72 hours for deactivation of the ICD by a cardiac physiologist using a programmer

Section B: Decision to deactivate has been made (PLANNED)

Patient **IS** able to attend clinic, please can you make reasonable arrangements for the patient to attend clinic for deactivation of the ICD by a cardiac physiologist using a programmer

Patient **IS NOT** able to attend clinic, please can you make reasonable arrangements for deactivation of the ICD by a cardiac physiologist using a programmer in the patient's home

Section C: Request for deactivation of ICD after Death

Please arrange deactivation by a cardiac physiologist using a programmer prior to post mortem and burial or cremation as soon as is practicable **(please state if urgent)**

Requested by (name/title):

Date: