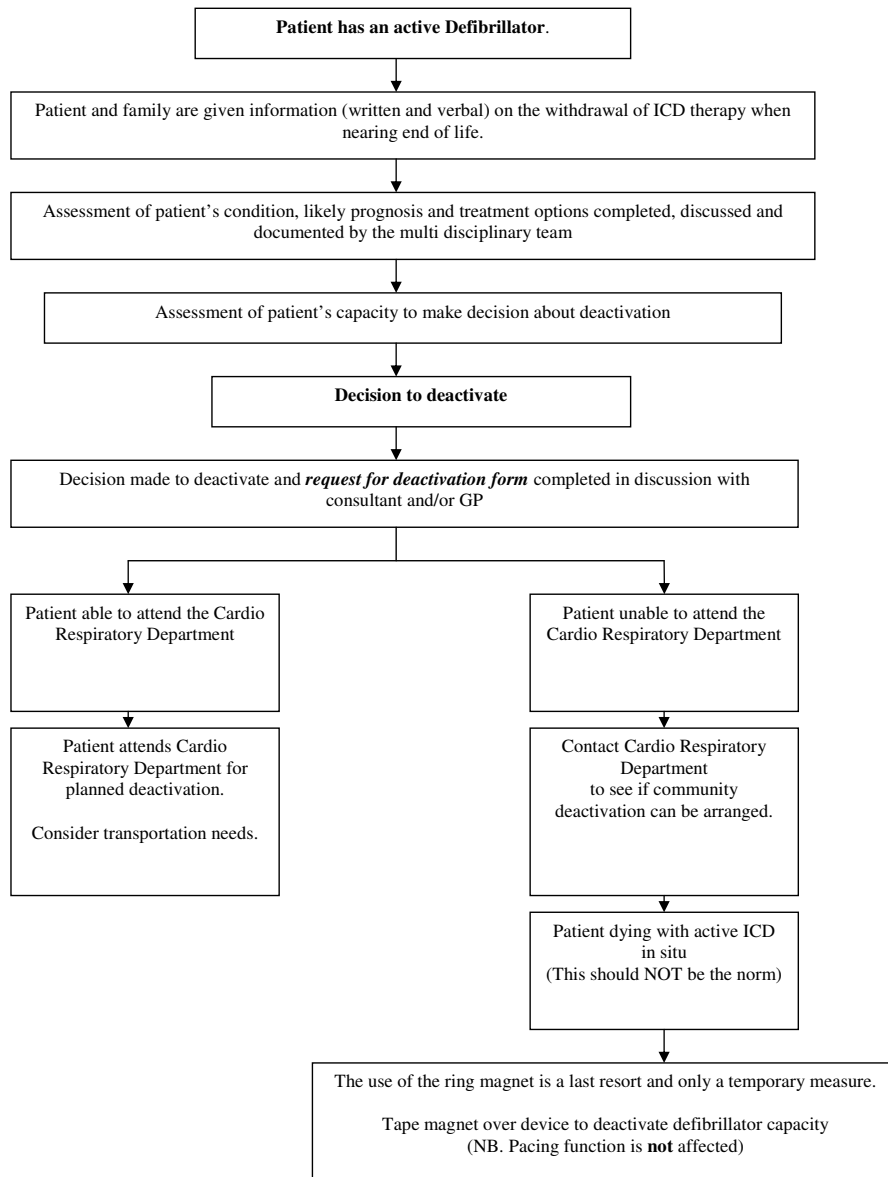


## Deactivation of ICD at End of Life



Warning – Document uncontrolled when printed	
Policy Reference: ICD deactivation policy	Date of Issue: November 2012
Prepared by: Amanda Smith and Catriona MacDonald	Date of Review: November 2014
Lead Reviewer: Dr Stephen Cross	Version: 1
Authorised by: Resuscitation Committee	Page 1 of 1

**Request for Deactivation of Implantable Cardiac Defibrillator – Patient Care Notes Copy**

Patients name	Date of Birth	Date & time of request
Address:		
GP details:		
Patients current location:		
Reason for request:		
<p>I confirm that the following points have been discussed and made clear with the patient and/or family:</p> <input type="checkbox"/> The device will no longer provide lifesaving therapy in the event of a ventricular arrhythmia <input type="checkbox"/> Turning off the device will not cause death <input type="checkbox"/> Turning off the device will not be painful, nor will its failure to function cause any pain <input type="checkbox"/> There is a plan of care in place meeting the patients wishes		
<i>Signature of Health Professional</i>		<i>Printed name and date</i>
<p>I am satisfied that the processes within the ICD deactivation guidelines have been followed and that the patient and family fully understand the deactivation procedure.</p>		
<i>Signature of Cardiac Physiologist deactivation the device</i>		<i>Printed name and date</i>
<i>Date and time of deactivation:</i>		



**Request for Deactivation of Implantable Cardiac Defibrillator – Pacing Note Copy**

Patients name	Date of Birth	Date & time of request
Address:		
GP details:		
Patients current location:		
Reason for request:		
<p>I confirm that the following points have been discussed and made clear with the patient and/or family:</p> <input type="checkbox"/> The device will no longer provide lifesaving therapy in the event of a ventricular arrhythmia <input type="checkbox"/> Turning off the device will not cause death <input type="checkbox"/> Turning off the device will not be painful, nor will its failure to function cause any pain <input type="checkbox"/> There is a plan of care in place meeting the patients wishes		
<i>Signature of Health Professional</i>		<i>Printed name and date</i>
<p>I am satisfied that the processes within the ICD deactivation guidelines have been followed and that the patient and family fully understand the deactivation procedure.</p>		
<i>Signature of Cardiac Physiologist deactivation the device</i>		<i>Printed name and date</i>
<i>Date and time of deactivation:</i>		

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<b>Policy Reference:</b> ICD deactivation consent form	<b>Date of Issue:</b> November 2012
<b>Prepared by:</b> Amanda Smith and Catriona MacDonald	<b>Date of Review:</b> November 2014
<b>Lead Reviewer:</b> Dr Stephen Cross	<b>Version:</b> 1
<b>Authorised by:</b> Resuscitation Committee	<b>Page</b> 1 of 1