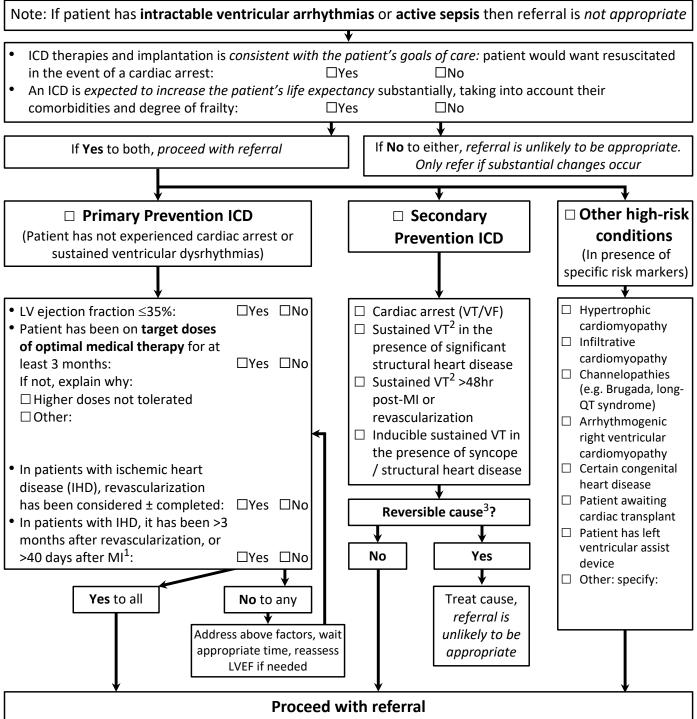
Alberta Health Services	Patient Name	Patient Name	
	RHRN	DOB	
Cardiac Implantable Electrical Device Clinic	HCN	Gender	
(CIED) Foothills Medical Centre:	Address	Province	
Pooliniis Medical Centre. Pacemaker Referrals ICD Referrals	City/Town	Postal Code	
Ph 403-944-1188 Ph 403-944-2316	Phone - Home	Work	
Fax 403-270-0718 Fax 403-270-0718	Next of Kin		
South Health Campus: Implanted Loop Recorder Referrals	Phone - Home	Work	
Phone 403-956-2608 Fax 403-956-2646	Patient location Home	□ Other	
Referral date:	Referring Physician:		
	Ph Fax		
Referral type: □ Consult □ Pacemaker +/- CRT	Family Physician:		
□ ICD +/- CRT	Ph Fax		
Implanted loop recorder	□ does not currently have a Family Physician		
(please send referral to South Health Campus)	Current Antithrombotic Therapy (check all that apply)		
Arrhythmia Details	□ None □ Aspirin		
Arrhythmia type (check all that apply)	Warfarin Ticagrelor / Clopidogrel		
 □ Heart Block □ 1st degree □ 2nd degree type 1 □ 2nd degree type 2 □ 3rd degree 	DOAC (e.g. dabigatran, apixaban, rivaroxaban, edoxaban)		
	Documentation		
	Provide documented proof of arrhythmia if available		
	□ ECGs (with documented arrhythmia)		
□ Sinus Node Disease	Patient History		
□ Atrial Fibrillation/Flutter	□ Allergies		
□ Ventricular Fibrillation (VF)	Current Medication List		
□ Ventricular Tachycardia (VT)	Cardiac Testing (please attach full copies of all results)		
□ Other:	□ Echo □ E	ГТ	
Patient Medical History (check all that apply)	□ Cardiac MRI □ M	uga Scan	
Cardiac Arrest	□ Holter / event rec. □ M	PI	
□ Cardiomyopathy □ Dilated	Notes		
Hypertrophic Ischemic			
Congenital Heart Disease <i>Type:</i>			
Congestive Heart Failure (CHF)			
Coronary Artery Disease (CAD)			
□ Family history of sudden death			
□ Inherited Arrhythmia Syndrome			
□ Brugada □ Long QT			
LV Dysfunction			
Stroke or Transient Ischemic Attack			
□ Syncope			
□ Valvular Heart Disease			
□ Other:			



Decision support tool for *new referrals for Implantable* Cardioverter Defibrillator (ICD) implant



(Final assessment of ICD appropriateness will be a shared decision with patient, family & healthcare providers)

Abbreviations: ICD: implantable cardioverter defibrillator; IHD: ischemic heart disease; LVEF: left ventricular ejection fraction; MI: myocardial infarction; VF: ventricular fibrillation; VT: ventricular tachycardia.

- 1: If there is a **pacing indication** <3 months after revascularization or <40 days post-MI, before achieving optimal medical therapy, and *LVEF is unlikely to recover to >35%* (e.g. high burden of scar on MRI +/- incomplete revascularization), an *ICD should be considered*.
- 2: Sustained VT: ventricular rhythm >100 bpm for >30 s, or requiring termination due to hemodynamic instability.
- **3: Reversible cause:** may include coronary artery anomalies, ischemia, MI within 48 hr, reversible hypokalemia, reversible hypomagnesemia, acquired QT prolongation (e.g. due to drugs). If the cause is reversible, but likely to recur then consideration of *ICD may be reasonable*.

Algorithm based on: Canadian Cardiovascular Society/Canadian Heart Rhythm Society 2016 Implantable Cardioverter-Defibrillator Guidelines. *Canadian Journal of Cardiology* 33 (2017) 174-188. Algorithm date: March 2019