

ScreenLink Calculator

ICD / CRT Referral

Fri 23/08/2013

The information generated by ScreenLink must not be considered as an exclusive diagnostic tool. The final decision about your patient's appropriate therapy indication must be based on clinical evidence, applicable clinical and professional practice protocol and not solely on the basis of the ScreenLink tool. Medtronic hereby expressly disclaims any responsibility and liability whatsoever arising out of such usage of ScreenLink, and the user shall be solely responsible.

Patient details

| | |
|-------------|--|
| Name | |
| Address | |
| Postcode | |
| Tel. No | |
| DOB | |
| Medicare No | |
| Hospital No | |

Referring GP / Consultant / HF matron

| | |
|---------|--|
| Name | |
| Address | |
| Tel. No | |
| Fax No | |

Patients GP (if not detailed above)

| | |
|---------------|--|
| Name | |
| Address | |
| Tel. No | |
| Fax No | |
| Referral Date | |

CRT is recommended according to NICE technical appraisal guidance 120 (CRT-D if ICD criteria are fulfilled too) because of the following reasons:

- ✓ NYHA Class III or IV
- ✓ ECHO is available and LVEF $\leq 35\%$
- ✓ Optimal Medical Therapy = YES
- ✓ QRS width $\geq 120\text{ms}$ and $< 150\text{ms}$ and Mechanical Dyssynchrony at Echo = YES
- ✓ QRS width $\geq 150\text{ms}$

Cardiac Resynchronisation Therapy with a pacing device (CRT-P) is recommended as a treatment option for people with heart failure who fulfill all the following criteria: They are currently experiencing or have recently experienced NYHA class III and IV symptoms; They are in sinus rhythm, either with a QRS duration of 150ms or longer estimated by standard ECG or with a QRS duration of 120-149ms estimated by ECG and mechanical dyssynchrony that is confirmed by echocardiography; They have a left ventricular ejection fraction of 35% or less; They are receiving optimal pharmacological therapy. Cardiac resynchronisation therapy with a defibrillator device (CRT-D) may be considered for people who fulfill the criteria for implantation of a CRT-P device and who also separately fulfill the criteria for the use of an ICD device as recommended in NICE technology appraisal guidance 95.

ScreenLink Report

| | |
|--------------------------------------|----------|
| NYHA Class | XXXXXXXX |
| Echo Available | XXXXXXXX |
| LVEF % Last Echo | XXXXXXXX |
| Prior MI | XXXXXXXX |
| 4 weeks | XXXXXXXX |
| Arrhythmias History | XXXXXXXX |
| Prior Sudden Cardiac Arrest or VF | XXXXXXXX |
| Syncope | XXXXXXXX |
| QRS Width | XXXXXXXX |
| Mechanical Dyssynchrony at Echo | XXXXXXXX |
| Optimal Medical Therapy | XXXXXXXX |
| Familial or congenital heart disease | XXXXXXXX |
| Survival expectation more | XXXXXXXX |

Guidelines results:

CRT Therapy

- CRT 1-

CRT is recommended according to NICE technical appraisal guidance 120 (CRT-D if ICD criteria are fulfilled too). Cardiac Resynchronisation Therapy with a pacing device (CRT-P) is recommended as a treatment option for people with heart failure who fulfil all the following criteria: They are currently experiencing or have recently experienced NYHA class III–IV symptoms; They are in sinus rhythm, either with a QRS duration of 150ms or longer estimated by standard ECG or with a QRS duration of 120-149ms estimated by ECG and mechanical dyssynchrony that is confirmed by echocardiography; They have a left ventricular ejection fraction of 35% or less; They are receiving optimal pharmacological therapy. Cardiac resynchronisation therapy with a defibrillator device (CRT-D) may be considered for people who fulfil the criteria for implantation of a CRT-P device and who also separately fulfil the criteria for the use of an ICD device as recommended in NICE technology appraisal guidance 95.

ICD is recommended according to NICE Technical appraisal guidance 95 because one (or more) of the following reasons :

- ✓ Prior Sudden Cardiac Arrest or VF = YES
- ✓ Arrhythmias History = VF
- ✓ NYHA Class I, II or III
- ✓ ECHO is available and LVEF Last Echo $\leq 35\%$
- ✓ Prior Sudden Cardiac Arrest or VF = NO
- ✓ Sustained VT and not VF in Arrhythmias History
- ✓ Survival expectation more than 1 year = YES

ScreenLink Report

| | |
|--------------------------------------|----------|
| NYHA Class | XXXXXXXX |
| Echo Available | XXXXXXXX |
| LVEF % Last Echo | XXXXXXXX |
| Prior MI | XXXXXXXX |
| 4 weeks | XXXXXXXX |
| Prior Sudden Cardiac Arrest or VF | XXXXXXXX |
| Syncope | XXXXXXXX |
| QRS Width | XXXXXXXX |
| Mechanical Dyssynchrony at Echo | XXXXXXXX |
| Optimal Medical Therapy | XXXXXXXX |
| Familial or congenital heart disease | XXXXXXXX |
| Survival expectation more | XXXXXXXX |

Guidelines results:

ICD Therapy

- ICD 2-

ICD is recommended according to NICE technical appraisal guidance 95. ICDs are recommended for patients in secondary prevention, that is, for patients who present, in the absence of a treatable cause, with one of the following: Having survived a cardiac arrest due to either ventricular tachycardia (VT) or ventricular fibrillation (VF); Spontaneous sustained VT causing syncope or significant haemodynamic compromise; Sustained VT without syncope or cardiac arrest, who have an associated reduction in ejection fraction (LVEF of less than 35%) (no worse than class III of the NYHA functional classification of heart failure)

- ICD 2bis-

ICD is recommended according to NICE technical appraisal guidance 95 [if sustained VT causing syncope or significant haemodynamic compromise]. ICDs are recommended for patients in

secondary prevention, that is, for patients who present, in the absence of a treatable cause, with one of the following: Having survived a cardiac arrest due to either ventricular tachycardia (VT) or ventricular fibrillation (VF); Spontaneous sustained VT causing syncope or significant haemodynamic compromise; Sustained VT without syncope or cardiac arrest, who have an associated reduction in ejection fraction (LVEF of less than 35%) (no worse than class III of the NYHA functional classification of heart failure)

- ICD 3-

ICD is recommended according to NICE technical appraisal guidance 95 [if non-sustained VT on Holter]. ICDs are recommended for patients in primary prevention who have a history of previous (more than 4 weeks) myocardial infarction (MI) and left ventricular dysfunction with an LVEF of less than 35% (no worse than class III of the NYHA functional classification of heart failure) and non-sustained VT on Holter (24-hour ECG monitoring) and inducible VT on electrophysiological (EP) testing

- ICD 4-

ICD is recommended according to NICE technical appraisal guidance 95. ICDs are recommended for patients in primary prevention who have a history of previous (more than 4 weeks) myocardial infarction (MI) and left ventricular dysfunction with an LVEF of less than 30% (no worse than class III of the NYHA functional classification of heart failure) and QRS duration of equal to or more than 120ms

- ICD 5-

ICD is recommended according to NICE technical appraisal guidance 95. ICDs are recommended for patients in primary prevention who have a familial cardiac condition with a high risk of sudden death, including Long QT Syndrome, hypertrophic cardiomyopathy, Brugada syndrome or arrhythmogenic right ventricular dysplasia (ARVD), or have undergone surgical repair of congenital heart disease.

Echo Therapy

- ECHO -

In HF patients with an abnormal ECG or BNP test, echocardiography should be performed according to NICE Clinical Guideline 5. Healthcare professionals should seek to exclude a diagnosis of heart failure through the following investigations: 12-lead ECG and/or natriuretic peptides (BNP or NTproBNP, where available). If one or both are abnormal, a diagnosis of heart failure cannot be excluded and transthoracic Doppler 2D echocardiography should be performed because it consolidates the diagnosis and provides information on the underlying functional abnormality of the heart.

↩ **SOURCE OF REFERRAL**

(please tick one)

- ☐ Patient self presenting with symptoms
- ☐ Recent hospital admission
- ☐ Routine 'NYHA score' in chronic disease clinic
- ☐ Other (please specify)

BRIEF PRESENTING HISTORY:

(SOBAR, SOBOE, orthopnea, PND etc)

SELF ASSESSED NYHA SCORE CLASS:

☐ i ☐ ii

☐ iii

☐ iv

CLINICAL FINDINGS:

(Peripheral /pulmonary oedema, murmur etc)

BP:

.....

MEDICATION :

(please tick if applicable)

☐ PMH

☐ IHD

Date of prev MI (if app.)

☐ HBP

Date first diagnosed

☐ Atrial fibrillation

Date last known SR

☐ Known COAD/ asthma

☐ PFT?

Date ECG 1st reported broad QRS.....

☐ Date LV dysfunction confirmed

☐ Hospital admission in last 12 month