

ScreenLink Calculator

ICD Referral

Thu 06/06/2013

↩ Patient details

Name	
Address	
Postcode	
Tel. No	
DOB	
NHS 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: PCT area:	

ICD is recommended according to ESC Guidelines (Class I indication) because of the following reasons :

- ✓ Prior Sudden Cardiac Arrest or VF = YES
- ✓ Arrhythmias History = VF

ScreenLink Report

Etiology of Cardiomyopathy	Hypertensive
NYHA Class	iv
Echo Available	Yes
LVEF % Last Echo	36 %
Prior MI	No
> 40 days	No
Prior Sudden Cardiac Arrest or VF	Yes
Syncope	Arrhythmogenic
Survival expectation more than 1 year	yes
QRS Width	150 ms
Mechanical Dyssynchrony at Echo	Yes
Optimal Medical Therapy	yes
Atrial Rhythm	Sinusrhythm

Guidelines results:

ICD Therapy

ICD is recommended according to ESC guidelines (Class I indication).

ICD therapy for secondary prevention is recommended for survivors of ventricular fibrillation (VF) and also for patients with documented haemodynamically unstable VT and/or VT with syncope, a LVEF $\leq 40\%$, on optimal medical therapy, and with an expectation of survival with good functional status for >1 year. CLASS IA (European Heart Journal 2008 29(19):2388-2442).

↪ **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