Medtronic

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 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 <= 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	iii
Echo Available	Yes
LVEF % Last Echo	65 %
Prior MI	No
➢ 4 weeks	No
Prior Sudden Cardiac Arrest or VF	Yes
Syncope	Arrhythmogenic
QRS Width	Ms
Mechanical Dyssynchrony at Echo	Yes
Optimal Medical Therapy	yes
Familial or congenital heart disease	yes
Survival expectation more	yes

✎ Guidelines results:

ICD Therapy

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).

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✍ 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

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