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:	

Evaluated by ScreenLinkTool

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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 <= 35%
- ✓   Optimal Medical Therapy = YES
- ✓   QRS width >=120ms and <150ms and MechancalDyssynchrony at Echo = YES
- ✓   QRS width >= 150ms

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

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Guidelines results:

CRT Therapy

xxx

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:

....

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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