

# **ScreenLink Calculator**

## ICD Referral

Thu 06/06/2013

 Name	
Address	
Postcode	
Геl. No	
OOB	
NHS No	
Hospital No	
Name	onsultant / HF matron
Name Address	onsultant / HF matron
Name Address Tel. No	onsultant / HF matron
Referring GP / C Name Address Tel. No Fax No	onsultant / HF matron
Name Address Tel. No Fax No  Patients GP (if r	onsultant / HF matron  ot detailed above)
Name Address Tel. No Fax No  Patients GP (if r	
Name Address Tel. No Fax No  Patients GP (if r	
Name Address Tel. No Fax No	



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

- ✓ XXXXXXX

CRT(-P or -D) is recommended according to ESC guidelines (Class I indication).

CRT-P is recommended to reduce morbidity and mortality in patients in NYHA III andIV class who are symptomatic despite optimal medical therapy, and who have a reduced EF (LVEF<=xxxxxxx%) and QRS prolongation (QRS width =>xxxxxxxx ms): CLASS IA. CRT with defibrillator function (CRT-D) is recommended to reduce morbidity and mortality in patients in NYHA IIIâIV class who are symptomatic despite optimal medical therapy, and who have a reduced EF (LVEF<=xxxxxxxx%) and QRS prolongation (QRS width =>xxxxxxxx ms): CLASS IA. The survival advantage of CRT-D vs. CRT-P has not been adequately addressed. Due to the documented effectiveness of ICD therapy in the prevention of sudden cardiac death, the use of a CRT-D device is commonly preferred in clinical practice in patients satisfying CRT criteria including an expectation of survival with good functional status for >1 year. (European Heart Journal 2008 29(19):2388-2442. European Heart Journal (2010) 31, 2677â 2687, doi:10.1093/eurheartj/ehq337

### **ScreenLink Report**

Etiology of Cardiomyopathy	XXXXXXX	
NYHA Class	XXXXXXX	
Echo Available	XXXXXXX	
LVEF % Last Echo	XXXXXXX	
Prior MI	XXXXXXX	
40 days	xxxxxx	
Arrhythmias History	xxxxxx	
Prior Sudden Cardiac Arrest or VF	xxxxxxx	
Syncope	XXXXXXX	
Survival expectation more than 1 year	xxxxxx	
QRS Width	xxxxxx	
Optimal Medical Therapy	xxxxxx	
Atrial Rhythm	xxxxxx	

Evaluated by ScreenLinkTool



#### **⇔** Guidelines results:

### **CRTTherapy**

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 herat 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.

₽	SOURCE OF REFERRAL (please tick one)						
		Patient self presenting with symptoms					
		□ Recent hospital admission					
		☐ Routine 'NYHA score' in chronic disease clinic					
	□ Other (please specify)						
		PRESENTING HISTORY: R, SOBOE, orthopnea, PND etc)					
	SELF A	ASSESSED NYHA SCORE CLASS:	□i□ ii	□ iii			
		CAL FINDINGS: eral /pulmonary oedema, murmur etc)					
	BP:						