

Request for EMERGENCY Deactivation of Implantable Cardiac Defibrillator Tachy-arrhythmic Therapies in adults nearing the end of their life

<u>Patient Name and HCN</u>	<u>DOB</u>	<u>Date and time of Request</u>
Address		
Consultant		
Reason for request		
Patient Location	(e.g. home, Adult hospital in-patient facility, Care Home, Hospice. Provide address if different from above)	
Name & designation of Authorising Senior Medical Professional:		
..... Date of Authorisation:		
I confirm that the following points have been discussed and understood by the patient and/or the patient's family:		
<input type="checkbox"/> Bradycardia pacing will not be disabled <input type="checkbox"/> The tachy-therapy will be temporarily deactivated using a ring magnet <input type="checkbox"/> Temporarily deactivating the tachy-arrhythmic therapy will not cause death <input type="checkbox"/> Temporarily deactivating tachy therapies will not be painful <input type="checkbox"/> The device can be reactivated if deemed appropriate by the healthcare team		
I confirm that the Belfast Health and Social Care Trust (BHSCT) Cardiac Investigations Team has been contacted for advice <input type="checkbox"/>		
Advice/Instructions given by BHSCT Cardiac Investigations Team:		
.....		
.....		
Name & designation of Professional from BHSCT providing advice:		
..... Date advice given		
Signature & designation of the doctor completing the form:		
Signature: Designation:		
Print name: Date:		
If the BHSCT has advised for a ring magnet to be applied please complete the following:		
Name and designation of professional applying the ring magnet:		
Print name: Date:		

The completed form should be scanned and saved in patient's record on CVIS and a copy filed in the patient's medical records