

Request for PLANNED Deactivation of Implantable Cardiac Defibrillator Tachy-arrhythmic Therapies in adults nearing the end of their life using a programmer

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

Patient Name and HCN	DOB	Date and time of Request
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:		
Print name:Date:		
<p>I confirm that the following points have been discussed and understood by the patient and/or the patient's family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bradycardia pacing will not be disabled <input type="checkbox"/> The device will no longer provide lifesaving therapy in the event of cardiac arrest <input type="checkbox"/> Deactivating the tachy-arrhythmic therapy will not cause death <input type="checkbox"/> Turning off the tachy therapies will not be painful <input type="checkbox"/> The device can be reactivated if deemed appropriate by the healthcare team <p>I confirm that the Clinical Physiologist has been contacted and is available to undertake a planned deactivation <input type="checkbox"/></p>		
Signature & designation of the doctor completing the form.....		
Print name:Date:		
<p>Planned Deactivation using a programmer I am satisfied that the processes detailed in the SHSCT Guidelines for the deactivation of tachy-arrhythmia therapies have been adhered to:</p>		
Signature of Clinical Physiologist:		
Print Name:Date and time:.....		
Planned Deactivation using a programmer:		
Signature of Clinical Physiologist:		
Print name:Date and time of deactivation:		

patient's medical records