

CLINICAL GUIDELINES ID TAG	
Title:	Implantable Cardioverter Defibrillator (ICD) / Pacemaker Reprogramming Form
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Speciality / Division:	Cardiology
Directorate:	Acute
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Authorised by	Kay Carroll- Head of Service
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Implantable Cardioverter Defibrillator (ICD)/ Pacemaker Reprogramming Form

Section One – Patient & device information			
Patient Details – Affix Addressograph or write details Name: Click here to enter text. Address: Click here to enter text. D.O.B.: Click here to enter text. H&C No Click here to enter text.	Device Information		
	Implant Centre	Click here to enter text.	
	Consultant	Click here to enter text.	
	Manufacturer	Click here to enter text.	
	Model	Click here to enter text.	
	Implant Date	Click here to enter text.	
Intended Procedure	Click here to enter text.		
Consultant	Click here to enter text.		
Specialty	Click here to enter text.		
Section Two – Admission Details. To be completed by POA Admin Team if elective surgery			
Date of Admission	Click here to enter text.	Time of Admission	Click here to enter text.
Admission Ward	Click here to enter text.	Date of Procedure	Click here to enter text.
A full pre and post procedure report will be generated on CVIS by the cardiac physiologist on the day of the procedure.			

Once sections 1 + 2 have been completed please scan & email form to cardiac.pacing@southerntrust.hscni.net

Name of POA Nurse:

Date Emailed: