



37178



# ICD Evaluation

Fax to: (800) 253-6404

Complete this form at:

- Implantation hospital discharge.
- Each ICD Interrogation after the initial hospitalization.

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Affix Patient ID # Here **seqnum14**

Retain interrogation printouts and electrogram recordings in AVID patient file.  
You may be asked to mail one copy to the CTC at a future date.

**days14** 1 Date of evaluation:

		/			/					
Month			Day			Year				

**reason14** 2 Reason for completion:

**0**  Implantation hospital discharge

**1**  Scheduled follow-up

**1**  1 mo

**2**  3 mo

**3**  6 mo

**4**  9 mo

**5**  1 yr

**6**  1 yr 3 mo

**7**  1 yr 6 mo

**8**  1 yr 9 mo

**9**  2 yr

**follow14**

**10**  2 yr 3 mo

**11**  2 yr 6 mo

**12**  2 yr 9 mo

**13**  3 yr

**14**  3 yr 3 mo

**15**  3 yr 6 mo

**16**  3 yr 9 mo

**17**  4 yr

**2**  Unscheduled interim visit

**3**  Event

**program14** 3 Programmed parameters:

**1**  Original programming /implantation hospital discharge

**2**  Reprogrammed (give reason):

**1**  Frequent shocks

**2**  Inadequate treatment of arrhythmia

**yreprg14**

**3**  ATP protocol

**4**  Other:

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**0**  Evaluation only (no parameters changed) -> Skip to number 5

**atp14** 4 New programming (complete if original programming or reprogramming):

ATP is:

**1**  On, patient is pace-terminable

**2**  On, per ATP protocol

**3**  Off, per ATP protocol

**4**  Off, not part of ATP protocol

**5**  On, against protocol

Lowest rate for ATP detection:

If On ->

			msec	or				bpm
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**atpmsc14**

**atpbpm14**

**lowjcv14** Is low energy (< 10 joules) cardioversion?  On  Off

**1** **0**

**hijcv14** Is high energy (> 10 joules) cardioversion?  On (most patients)  Off

**1** **0**

Lowest rate for any shock (VT or VF):

			msec
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**shkmsc14**

			bpm
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**shkbpm14**

**5 Battery check:**  Adequate  Inadequate

**battr14**

**1** **0**



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ICDEVAL

Date:

Month		Day		Year			

Affix Patient ID # Here							

### 6 For the 5 most recent spontaneous arrhythmia episodes, complete the following:

Date (m/d/y) and Time (24 hour clock)      Activity,\* pre-episode      Worst symptom\*\*      Number of therapies used      Patient perceive tx?      P.I. \*\*\* Opinion

	Date (m/d/y)	Time (24 hour clock)	Activity,* pre-episode	Worst symptom**	Number of therapies used				Patient perceive tx?		P.I. *** Opinion
					ATP	Energy Low	Energy High	Ext. CV	Yes	No	
1)											
<i>Therapies occurring less than five minutes apart are considered part of the same episode.</i>											
2)											
<i>Therapies occurring less than five minutes apart are considered part of the same episode.</i>											
3)											
<i>Therapies occurring less than five minutes apart are considered part of the same episode.</i>											
4)											
<i>Therapies occurring less than five minutes apart are considered part of the same episode.</i>											
5)											
<i>Therapies occurring less than five minutes apart are considered part of the same episode.</i>											

#### \* Activity, pre-episode:

- 0 = Sleeping
- 1 = Awake, lying/sitting
- 2 = Limited exercise, e.g., walking
- 3 = Moderate exercise, e.g., jogging climbing stairs
- 4 = Heavy exercise
- 5 = Driving
- 9 = Unknown

#### \*\* Symptoms:

- 0 = None
- 1 = Palpitations
- 2 = Perspiration
- 3 = Anxiety
- 4 = Fatigue
- 5 = Nausea
- 6 = Dizziness
- 7 = Dyspnea
- 8 = Chest pain
- 9 = Presyncope
- 10 = Syncope
- 99 = Unknown

#### \*\*\* Investigator's opinion

#### of cause of ICD action:

- 1 = VT
- 2 = VF
- 3 = AF
- 4 = Other SVT (Includes sinus tachycardia)
- 5 = Other inappropriate sensing
- 6 = ICD/lead malfunction
- 7 = Unknown
- 8 = Other

### 7 If more than 5 episodes, record the total number:

ATP Only		

Any shock (with or without ATP)	

Signature of person filling out this form

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code number

For Clinical Trial Center Use Only:

rnum14

		Yes	No	2	1	4	0	4	0	1
CTC Code		<input type="radio"/>	<input type="radio"/>	ICDEVAL page 2 of 2 01/31/96						