



7756



ICD Implantation Complications

Fax to: (206) 685-7569

or (800) 253-6404

Complete this form on all patients with lead or generator implantations (attempted or successful), explantations, or repositioning.

____ - ____ - ____

Affix Patient ID # Here **seqnum24**

Evaluation for complications should be done 30 days after implantation or at hospital discharge, whichever is later. Complications occurring after this time will go on the Adverse Symptoms form.

1 Date of evaluation: **days24**

____ / ____ / _____
Month Day Year

eval3024 2 Was this evaluation completed?

- 0 After hospital discharge (at 30 days after implantation)
- 1 At hospital discharge (30 or more days post implantation)

compli24 3 Were there any complications?

- Yes No *If no, sign form and FAX to CTC*
- 1 0

If Yes, complete the following:

Complications listed on THIS page require that documentation be sent to CTC per Manual of Operations

1 0
Yes No

bleed24

Bleeding requiring reoperation or transfusion

perfor24

Cardiac perforation

lacer24

Coronary laceration

death24

Death (Complete Death and Notification of Death forms)

erode24

Erosion/extrusion

explnt24

Explantation, specify what was explanted:

failgn24

Generator failure (Notify CTC immediately)

hemsg24

Hematoma requiring surgical evacuation/correction

infect24

ICD infection, specify location:

ldfail24

Lead failure (Notify CTC immediately)

pnuthx24

Pneumothorax

stroke24

Stroke

