northern health
the northern way of caring

University Hospital of Northern British Columbia

Cardiac Implantable Device Request

 PATIENT LABEL

Allergies: ☐ None known ☐ Unable to obtain
List with reactions: _____

Weight: _____ **kg**

Permanent pacemaker

- **Fax this form to the implanting site Cardiac Triage Coordinator at 250-645-6315**

☐ **New system (generator and leads)** (see selection guidelines on reverse page)

- **Indication:**

☐ Class 1 indication (see reverse)
☐ Other (requires name of second physician in agreement: _____)
Physician's name

- **Device type:**

☐ Ventricular demand pacing (**VVIR**) to meet manufacturer contract obligations
☐ Dual chamber pacing (both ventricle and pacing) (**DDDR**) to meet manufacturer contract obligations
☐ Other features (see reverse for recommendations) _____
• Remote monitoring compatible device

☐ **Generator replacement** (same type as previous) ☐ Upgrade ☐ Downgrade ☐ Reuse leads if possible
☐ **Lead insertion** ☐ Atrial lead ☐ Ventricular lead
☐ **Lead reposition** ☐ Atrial lead ☐ Ventricular lead
☐ _____

Implantable cardiac monitor (loop recorder)

☐ Reveal®
☐ Reveal LINQ® (criteria on reverse; requires program director approval)
☐ Confirm Rx™

Urgency

☐ Urgent inpatient (less than 24 hours, temporary wire or impending need of wire)
☐ Semi-urgent inpatient (cannot discharge before implant)
☐ Urgent outpatient less than 2 weeks
☐ Semi-elective outpatient 2 to 4 weeks
☐ Elective outpatient greater than 4 weeks
☐ Other _____

Suggestions for anticoagulation (see reverse for recommendations)

☐ No anticoagulation requirements
☐ Continue **warfarin** perioperatively target INR of 2 (must be less than 3)
☐ Stop warfarin 5 days before surgery **or** _____
• Stop Direct Oral Anticoagulant (DOAC) (**apixaban**, **dabigatran**, **edoxaban**, **rivaroxaban**) 2 days prior to procedure
☐ Other _____

Referral process • **Refer to Family Physician**

Please include with the referral:

☐ Consult report (history) ☐ MAR (inpatient referrals)
☐ ECG strip/Holter monitor ☐ Phone number of sending physician: _____
☐ **10-010-5046** Pre-surgical Medical Questionnaire (outpatient referral)

Physician signature:_____ **College ID:**_____ **Date:** _____ **Time:**_____

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Pacemaker class I indications

Sinus node dysfunction
- Symptomatic bradycardia (Heart rate greater than 40 bpm or frequent pauses)
- Symptomatic chronotropic incompetence

AVB
- Complete (third degree) AV block with or without symptoms
- Advanced second degree AV block (2+ consecutive P waves)
- Second degree AV block with:
  - Symptoms widened QRS or chronic bifascicular block
  - Sinus and pauses greater than 3 seconds
  - AF and pauses greater than 5 seconds
  - Neuromuscular disease
- Alternating BBB
- Exercise-induced second or third degree AV block

MI
- Third degree AV block within or below the His-Purkinje system
- Persistent second degree AV block in the His-Purkinje system, with bilateral (alternating) bundle branch block
- Transient advanced infranodal AV block with associated bundle branch block
- Symptomatic and persistent second or third degree AV block

Other
- Drug therapy will result in symptomatic bradycardia
- Pre AV node ablation

Pacemaker ordering guide single vs dual vs BIV + special features

AAIR preferred if:
- Sinus node dysfunction and low risk for developing AV block

Ventricular demand pacing (**VVIR**) **preferred if:**
- Permanent AF
- Likely to pace very rarely
- Older / sedentary

Dual chamber pacing (both ventricle and pacing) (**DDDR**) **preferred if (not in permanent AF):**
- Require AV synchrony
- Likely to pace often in the ventricle

Consider BiV+/- ICD if:
- CHF, less than EF 35%
- CHF NYHA-II-Va
- CHF, LBBB
- Deterioration in LV function while pacing

Specific pacemaker features required:
- Dual sensor
- Heart failure data
- Extra longevity / battery power
- Smallest pacemaker generator
- Vasovagal syncope algorithms
- Specific brand followed at site: _____
- MR conditional (expected thoracic MRI)

Anticoagulation recommendations

High thromboembolism risk conditions* Continue warfarin throughout the procedure

Mechanical heart valves
- Any mechanical valve prosthesis

Atrial fibrillation
- CHADS2 greater than or equal to 4

Prior stroke or TIA
- Rheumatic valvular heart disease (Rheumatic mitral stenosis)

Venous thromboembolism
- Recent venous thromboembolism within 3 months
- Recurrent venous thromboembolism
- Severe thrombophilia
- Hypercoagulable state (including cancer)

*For all other patients on **warfarin** that do not have high risk characteristics recommend holding warfarin 5 days pre-procedure

Criteria for selecting LINQ device (over standard implantable loop recorder)

Any one of the following:
- Low body mass index (less than or equal to 18 kg/m^2)
- Low body weight (less than or equal to 45 kg)
- Less than 18 years of age
- Compelling cosmetic reasons
- Clinical need for next day asymptomatic event notifications (rare, for example ventricular arrhythmias)
- Research protocol (cost covered by sponsor)