

Introduction to the Request for ICD Deactivation for End of Life Care form

Vicky Harrison, Highly Specialised Cardiac Physiologist

Ella Dodgson, Device Nurse Specialist

Carrie Bell, End of Life Care Nurse Specialist

**REQUEST FOR IMPLANTABLE
CARDIOVERTER DEFIBRILLATOR
(ICD) DEACTIVATION FOR END OF
LIFE CARE**



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

FILE IN SECTION 1

Is the patient an inpatient? YES/NO

Location of the patient

(please include full address if not an inpatient)

Write patient details or affix
Identification label

Hospital Number:
Name:
Address:

Postcode:
Date of Birth:
NHS Number:

Device Follow-Up Centre:

Device Manufacturer/Model:

Date and time of Request:	
Name of Requester:	
Designation:	
Contact number/Extension/Bleep:	

Does the patient have capacity to consent to withdrawal of treatment?	YES	NO
If no, does anyone have Power of Attorney for health for the patient?	YES	NO
If no, I confirm a Mental Capacity Assessment has been completed.	YES	N/A

I confirm that the following has been discussed with the patient and/or family

	Patient/Next of Kin initials
The device will no longer provide therapy in the event of ventricular arrhythmia	
Deactivation of therapies will NOT result in any immediate change to the patients condition	
Deactivating the device will not be painful	
Basic pacemaker function will NOT be altered – the device will continue to provide bradycardia pacing if needed.	

Signature of authorising Consultant	
Print name:	
Date and Time:	

**CONSENT AND RECORD OF
IMPLANTABLE CARDIOVERTER
DEFIBRILLATOR (ICD) DEACTIVATION
FOR END OF LIFE CARE**

Patient Consent (to be completed by responsible consultant/GP)

I confirm that I understand the reasons for and consequences of deactivating my device and hereby give my consent for tachycardia therapy Deactivation.

In the event that the patient is unable to give consent, consent should be sought from the next of kin, unless this delay would be detrimental to the patient's end of life care.

Discussion of deactivation should ideally occur with next of kin present, unless the patient declines this.

Signature of Patient	
Print name:	
Signature of Next of Kin/Power of Attorney	
Print name and relationship to patient:	

INCOMPLETE REQUESTS/CONSENT FORMS WILL BE RETURNED

Deactivation Checklist (to be completed by Physiologist attending patient)	
Request form completed without errors/ omissions	
Request signed by Consultant	
Consent signed by Patient/Next of Kin	
Patient wristband present (if applicable)	
Patient/Next of Kin happy to proceed at this time?	

Date and Time of Deactivation	
Location of Deactivation	
Device settings still active	
Signature:	Print name:
Designation:	Date and Time:

Does the patient (or if applicable: parent/guardian/carer) understand who their health record information may be shared with? Yes / No

Signature: Print Name:

Designation: Date and Time (use 24hour clock):

PURPOSE

- Aid the discussion of device management when a patient approaches end of life.
- Address whether anyone else needs to be involved in the discussion (capacity/Best interest)
- Ensure optimal timing for the attendance of a physiologist.
- Gain consent for the withdrawal of shock treatment.
- Cover the physiologist being asked to perform the deactivation.

ALL SECTIONS ARE MANDATORY

PATIENT INFORMATION/LOCATION

DEVICE FOLLOW-UP CENTRE: If the patient is not followed up at BVH we need to know so we can inform their centre of the deactivation.

DEVICE MANUFACTURER/MODEL: We cannot perform a deactivation without knowing which specialist equipment we need to communicate with the device.

DATE, TIME, REQUESTER, DESIGNATION, CONTACT NUMBER: required for auditing of time to deactivation and in case any additional information is required

**REQUEST FOR IMPLANTABLE
CARDIOVERTER DEFIBRILLATOR
(ICD) DEACTIVATION FOR END OF
LIFE CARE**

FILE IN SECTION 1

Is the patient an Inpatient? YES/NO

Location of the patient

(please include full address if not an inpatient)

Write patient details or affix Identification label

Hospital Number:

Name:

Address:

Postcode:

Date of Birth:

NHS Number:

Device Follow-Up Centre:

Device Manufacturer/Model:

Date and time of Request:	
Name of Requester:	
Designation:	
Contact number/Extension/Bleep:	

Does the patient have capacity to consent to withdrawal of treatment?	YES	NO
If no, does anyone have Power of Attorney for health for the patient?	YES	NO
If no, I confirm a Mental Capacity Assessment has been completed.	YES	N/A

I confirm that the following has been discussed with the patient and/or family

	Patient/Next of Kin initials
The device will no longer provide therapy in the event of ventricular arrhythmia	
Deactivation of therapies will NOT result in any immediate change to the patients condition	
Deactivating the device will not be painful	
Basic pacemaker function will NOT be altered – the device will continue to provide bradycardia pacing if needed.	

Signature of authorising Consultant	
Print name:	
Date and Time:	

Does the patient have capacity to consent to withdrawal of treatment?	YES	NO
If no, does anyone have Power of Attorney for health for the patient?	YES	NO
If no, I confirm a Mental Capacity Assessment has been completed.	YES	N/A

I confirm that the following has been discussed with the patient and/or family

	Patient/Next of Kin initials
The device will no longer provide therapy in the event of ventricular arrhythmia	
Deactivation of therapies will NOT result in any immediate change to the patients condition	
Deactivating the device will not be painful	
Basic pacemaker function will NOT be altered – the device will continue to provide bradycardia pacing if needed.	

This section of the form is designed to aid your consent of the patient to have their ICD deactivated.

Signature of authorising Consultant	
Print name:	
Date and Time:	

As with a DNACPR, a deactivation request form **MUST** be countersigned by a Consultant, ideally this will be the patient's device Cardiologist

**CONSENT AND RECORD OF
IMPLANTABLE CARDIOVERTER
DEFIBRILLATOR (ICD) DEACTIVATION
FOR END OF LIFE CARE**

Patient Consent (to be completed by responsible consultant/GP)

I confirm that I understand the reasons for and consequences of deactivating my device and hereby give my consent for tachycardia therapy Deactivation.

In the event that the patient is unable to give consent, consent should be sought from the next of kin, unless this delay would be detrimental to the patient's end of life care.

Discussion of deactivation should ideally occur with next of kin present, unless the patient declines this.

Signature of Patient	
Print name:	
Signature of Next of Kin/Power of Attorney	
Print name and relationship to patient:	

If the patient has not signed the consent section, the deactivation will not be completed.

Unless the patient explicitly refuses or it is not possible to arrange, the consent process should take place with the next of kin present

*****INCOMPLETE REQUESTS/CONSENT FORMS WILL BE RETURNED*****

Deactivation Checklist (to be completed by Physiologist attending patient)	
Request form completed without errors/ omissions	
Request signed by Consultant	
Consent signed by Patient/Next of Kin	
Patient wristband present (if applicable)	
Patient/Next of Kin happy to proceed at this time?	

Date and Time of Deactivation	
Location of Deactivation	
Device settings still active	
Signature:	Print name:
Designation:	Date and Time:

Does the patient (or if applicable: parent/guardian/carer) understand who their health record information may be shared with? Yes / No

Signature: Print Name:

Designation: Date and Time (use 24hour clock):

The grey section is to be completed by the physiologist attending to perform the deactivation

Location of Deactivation Forms

Coronary Care Unit

Ward 37, 38, 39


Cardiac Intensive Care Unit

Emergency Department

AMU

Stroke Wards

Swan Team



Community
location of
deactivation forms
(TBC)

Trinity Hospice

Clifton
Hospital

Stadium

Whitegate
Drive Health
Centre

Fleetwood
Health Centre

South Shore
Primary Care
Centre

Newton Drive
Health Centre

Thornton
Medical
Centre

Moor Park
Health Centre

FCMS

Who can help with
ICD deactivation
discussions?

Cardiologist (COW)

On-Call Cardiology Registrar

Swan Team

Device Nurses

Cardiac Physiologists

THE PATIENT ALREADY HAS
A DNACPR, DO I NEED TO
FILL OUT AN ICD
DEACTIVATION FORM AS
WELL?

THE PATIENT APPROACHING
END OF LIFE AND ALREADY
HAS A DNACPR, DO I NEED
TO FILL OUT AN ICD
DEACTIVATION FORM AS
WELL?

The background is a solid teal color. It features several decorative elements: a cluster of white dots in the top-left corner, a larger, irregularly shaped area of white dots in the top-center, a smaller cluster of white dots in the bottom-left corner, and several soft, organic, light-teal shapes scattered across the background, particularly on the left and right sides.

YES

Receiving agreement not to start resuscitation and receiving consent to remove treatment already provided are not the same thing



Patient choice?

- It is important to recognise that while a patient may agree to a DNACPR, they may not be ready to agree to their ICD being deactivated.
- For many, DNACPR is about avoiding the trauma of chest compressions.
- Some patients may be okay with potentially still receiving a shock from their device.
- We also have a number of patients, who have regular ventricular tachycardias that are successfully treated with Anti-Tachycardia Pacing without the need for a shock.