

## DEVICE CLINIC MD ALERT CRITERIA

### PREFERRED NOTIFICATION METHOD:

Epic telephone note to provider + clinical pool (if further triage needed)

Send MD notification for Arrhythmia Alerts	ERI Process	Implanted Loop Recorder Alerts
New AT/AF Alerts: Not anticoagulated, $\geq 6$ minutes Anticoagulated, $\geq 30$ minutes	Include in Note: Date reached ERI Hx of pacer dependence Most recent therapy delivered Lead(s) integrity	Alert programming determined by indication for monitoring Any customizations must be documented in chart
Recurrent AT/AF Alerts: Not anticoagulated, $\geq 6$ minutes Anticoagulated, $\geq 7$ days (ie. persistent)	Call pt to discuss: Pacemaker - possible VVI backup mode ICD - Alert tones Follow-up appts, expectations	Alert provider for all rhythm-related <i>symptomatic</i> events  If no reported symptoms, alert MD for: Wide QRS $>120$ bpm for $>30$ s Asymptomatic pause $>5$ s Bradycardia $<40$ bpm lasting $>30$ s AFib/Flutter Alerts: First occurrence Exceeded burden threshold $<40$ bpm or $>110$ bpm for 60s Narrow QRS tachycardia $>180$ bpm for 60s Ventricular fibrillation
RVR Alerts: $>120$ bpm for $\geq 6$ hour $>180$ bpm for $\geq 1$ hour	Load ERI report into Epic via appt/export Send note to procedure scheduler + EP	
Cumulative RV pacing $>40\%$ $>7$ days	<b>Heart Failure Alerts</b>	
Total CRT pacing $<90\%$ $>7$ days	HeartLogic: Post initial and weekly reports to Epic in separate telephone notes	
Therapies delivered for VT/VF 1 or more shocks delivered Unsuccessful ATP $\geq 3$ ATP rounds for 1 episode $\geq 5$ VT/VF episodes requiring ATP within 30 days	OptiVol/Corvue: Post alert to Epic and follow-up remotely in 1-2 weeks	
NSVT on a pacemaker $\geq 150$ bpm $>10$ sec and recent EF $<50\%$ or no recent EF		
Sustained VT on a pacemaker $\geq 30$ sec		

Reviewed and approved 4/27/23 (Babak Bozorgnia, MD)