

Appointment with EP MD/NP ____/____/____

EP Procedure Date ____/____/____

THE HEART GROUP of LANCASTER GENERAL HEALTH

NOTIFICATION OF PACEMAKER/ICD INTERVENTION

Patient Name: _____ DOB: _____ MRN/SS #: _____

Underlying Rhythm: _____ PACER DEPENDENT: YES _____ NO _____

If in Atrial fib/flutter; last time sinus rhythm observed: ____/____/____

Initial Implant Diagnosis: _____

PRESENT SYSTEM

PPG/ICD	RA LEAD	RV LEAD	LA LEAD	LV LEAD
Manufacturer _____				
Model # _____				
Serial # _____				
Implant Date _____				
Implant Site _____		Place of Implant (if not LGH) _____		

REASON FOR INTERVENTION

____ PPG/ICD at End-of-Life (ERI)**
____ A lead Repo/Replacement: RIGHT/LEFT
____ V lead Repo/Replacement: RIGHT/LEFT
____ Upgrade to Bi-V PPG / ICD
____ Transition to PPG – Bi-V/non Bi-V
____ (other) _____

**ERI/PPT/Remote Date: ____/____/____

**Replace device in _____ wks/months

TRANSITION LETTER TO PT: YES / NO / NA

GENERATOR HISTORY

____ Normal ____ Abnormal ____ Recall
____ Alert/Advisory ____ MRI Conditional

LEAD HISTORY

____ Normal ____ Abnormal ____ Recall
____ Alert/Advisory ____ MRI Conditional

TESTING AS OF: ____/____/____

P Wave ____ mV R wave ____ mV
RA Capt ____ V@ ____ ms RV Capt ____ V@ ____ ms
LA Capt ____ V@ ____ ms LV Capt ____ V@ ____ ms
RA Imp ____ RV Imp ____
LA Imp ____ LV Imp ____
A pacing ____ % V pacing ____ %

ICD THERAPY HISTORY

** SVT ____ Yes ____ No	** Afib/flutter ____ Yes ____ No	** VT/VF ____ Yes ____ No
Rates: _____	A Rates: _____ V Rates: _____	V Rates: _____
Therapy Delivered: _____	Therapy: _____	Therapy: _____
>12 Mo ____ <12 Mo ____	>12 Mo ____ <12 Mo ____	>12 Mo ____ <12 Mo ____

PREVIOUS PPG/ICD SYSTEM

RA LEAD	RV LEAD	LV LEAD
Model # _____		
Serial # _____		
Implant Date _____		
Abandoned Date: _____	Abandoned Date: _____	Abandoned Date: _____
Cut/Capped Date: _____	Cut/Capped Date: _____	Cut/Capped Date: _____

COMMENTS: _____

Completed by: _____ Date: ____/____/____ Revision Date: ____/____/____