

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

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 _____ %

LEAD HISTORY

Normal Abnormal Recall

Alert/Advisory MRI Conditional

ICD THERAPY HISTORY

** SVT Yes No

Rates: _____

Therapy Delivered: _____

>12 Mo <12 Mo

**Afib/flutter Yes No

A Rates: _____ V Rates: _____

Therapy: _____

>12 Mo <12 Mo

**VT/VF Yes No

V Rates: _____

Therapy: _____

>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: _____ / _____ / _____