

PATIENT NAME:

Executive Committee

President - Prof A John Camm

Mr Chris Brown	Dr Michael Gammage	Mrs Jayne Mudd
Mr Pierre Chauvineau	Mrs Angela Griffiths	Dr Francis Murgatroyd
Dr Derek Connelly	Dr Guy Haywood	Dr Kim Rajappan
Dr Campbell Cowan	Mrs Sue Jones	Dr Richard Schilling
Dr Wyn Davies	Dr Gerry Kaye	Dr Graham Stuart
Dr Sabine Enst	Dr Nick Linker	Mrs Jenny Tagney
Mr Nigel Farrell	Mrs Trudie Lobban	Mr Paul Turner
Dr Matthew Fay	Ms Nicola Meldrum	
Dr Adam Fitzpatrick	Prof John Morgan	

Co-Authors - Pamela Ransom -
Macmillan Clinical Nurse Specialist

Dr Paul Paes -
Consultant in Palliative Medicine

Trustees - Mr Chris Brown, Dr Derek Connelly,
Mr Nigel Farrell, Dr Adam Fitzpatrick,
Mrs Trudie Lobban MBE

Patrons - Prof Hein J J Wellens, Prof Silvia G Priori
W B Beaumont, OBE, Rt. Hon Tony Blair



The Heart Rhythm Charity



Procedure for Deactivation

- Prior to de-activation there should be discussion with the medical/nursing team looking after the patient to decide the appropriate time. A deactivation form may need to be completed in some centres by the physician and patient.
- A cardiac physiologist/nurse will then visit the patient and use a programmer to communicate with and deactivate the ICD.
- This is a simple non-invasive procedure and takes only a few minutes.

Deactivating the defibrillator - who to contact

AIMS

- ♥ To raise awareness of Cardiac Arrhythmias
- ♥ To improve diagnosis of Cardiac Arrhythmias
- ♥ To improve treatment of Cardiac Arrhythmias
- ♥ To improve quality of life for people living with Cardiac Arrhythmias

Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.



Arrhythmia Alliance

PO Box 3697 Stratford upon Avon
Warwickshire CV37 8YL
Tel: 01789 450 787

e-mail: info@heartrhythmcharity.org.uk
www.heartrhythmcharity.org.uk



Implantable Cardioverter Defibrillators (ICDs) in Dying Patients



The Heart Rhythm Charity

www.heartrhythmcharity.org.uk

Promoting better understanding,
diagnosis, treatment and quality of life
for individuals with cardiac arrhythmias



Implantable Cardioverter Defibrillators (ICDs) in Dying Patients

What is an ICD?

ICDs are implantable devices that are fitted in the same way as pacemakers and used to treat life threatening heart rhythm disturbances - Ventricular Tachycardia and ventricular fibrillation. The ICD constantly monitors the heart rhythm and if it senses one of these two abnormal rhythms, it delivers an electrical impulse or shock to return the heart back to normal. An ICD can therefore prevent sudden cardiac death.

Issues at the End of Life

Patients with ICDs often suffer from progressive cardiac or other co-morbid conditions. Near the end of life, many of these patients may not want cardio-pulmonary resuscitation (CPR). CPR may no longer be medically appropriate. The co-management of “do not resuscitate” orders and implantable defibrillators can be confusing to patients and healthcare professionals.

Dying patients are at risk of receiving inappropriate and unpleasant electric shocks from the ICD if they develop Ventricular Tachycardia or Fibrillation in their terminal phase of illness. Healthcare professionals should anticipate situations in which the defibrillator is no longer desired by the patient or no longer appropriate, and arrange for the ICD to be deactivated. If an ICD is not deactivated prior to death, there is a risk after the death that movement of the body may stimulate the ICD to deliver further electrical impulses/shock, which may be inappropriately felt by family/professionals.

Indications for Deactivation

- Continued use of an ICD is inconsistent with patient goals.
- Withdrawal of anti-arrhythmic medications.
- Imminent death (activation inappropriate in the dying phase).
- While an active DNR (Do Not Resuscitate) order is in force.

When should Deactivating the ICD be discussed?

Discussion about deactivating the ICD should take place as early as appropriate to enable proactive care management to avoid unnecessary distress. Although deactivation is not a complicated process, it may only be possible at certain times, because of the special programmer required, therefore early planning is required. Once CPR is no longer medically appropriate, the shocking function of the defibrillator should be deactivated. Ideally criteria for deactivating a defibrillator should be discussed with a patient and/or their next of kin when resuscitation issues are explored or when a patient's condition is worsening and deactivation may be appropriate. The discussion should take place while the patient is still able to be involved in the decision making process. If this is not possible discussion should take place with the next-of-kin. It is important to try and avoid “last minute” decisions as there may be no one available out of hours to provide this service. Where appropriate the ICD Physician should be consulted prior to a decision being made. The decision to activate the device can be reversed if the clinical situation changes - so that it is not an irreversible decision.

When discussing the expectations of turning off the ICD, the following should be made clear: -

- The device will no longer provide lifesaving therapy in the event of a Ventricular Tachyarrhythmia.
- Turning off the device will NOT cause death.
- Turning off the device will not be painful, nor will its failure to function cause pain.
- There will be a plan of care to ensure healthcare professional availability to address new questions or concerns.
- The ICD will continue to provide bradycardia (slow heart rhythm) support should the patient need it.
- A deactivation request form will need to be completed.

If there are conflicts, consultation with the palliative care team may be required.

REQUEST FOR DEACTIVATION OF IMPLANTABLE CARDIOVERTOR DEFIBRILLATOR

Patient name.....
Address.....
.....

Date of Birth
GP details

Date/Time of request

Address patient is currently located at
.....

Reason for request.....
.....

Signature of authorising Consultant/Physician
.....

I understand the reasons for deactivating my ICD and that the decision to deactivate can be reviewed if necessary. I agree to the deactivation of my ICD.

Signature of patient/patient carer/relative/next of kin
.....

Date and time device deactivated.....

Any treatments that remain active
.....

Signature of health care professional deactivating the device
.....

ANY OTHER COMMENTS
.....
.....