37178

AVID

ICD Evaluation

Fax to: (800) 253-6404

Complete this form at:

- **Implantation hospital discharge.**
- **Each ICD interrogation after the initial hospitalization.**

Affix Patient ID # Here seqnum14

Retain interrogation printouts and electrogram recordings in AVID patient file.
You may be asked to mail one copy to the CTC at a future date.

days14 **1 Date of evaluation:** ___ / ___ / ___ (Month / Day / Year)

reason14 **2 Reason for completion:**

0 O Implantation hospital discharge

1 O Scheduled follow-up

follow14

1 O 1 mo	2 O 3 mo	3 O 6 mo	4 O 9 mo	5 O 1 yr
	6 O 1 yr 3 mo	7 O 1 yr 6 mo	8 O 1 yr 9 mo	9 O 2 yr
	10 O 2 yr 3 mo	11 O 2 yr 6 mo	12 O 2 yr 9 mo	13 O 3 yr
	14 O 3 yr 3 mo	15 O 3 yr 6 mo	16 O 3 yr 9 mo	17 O 4 yr

2 O Unscheduled interim visit

3 O Event

progrm14 **3 Programmed parameters:**

1 O Original programming /implantation hospital discharge

2 O Reprogrammed (give reason):

yreprg14

1 O Frequent shocks

2 O Inadequate treatment of arrhythmia

3 O ATP protocol

4 O Other: ___

0 O Evaluation only (no parameters changed) -> Skip to number 5

atp14 **4 New programming (complete if original programming or reprogramming):**

ATP is:

1 O On, patient is pace-terminable
2 O On, per ATP protocol
3 O Off, per ATP protocol
4 O Off, not part of ATP protocol
5 O On, againist protocol

If On -> Lowest rate for ATP detection: ___ msec or ___ bpm (atpmsc14 / atpbpm14)

lowjcv14 Is low energy (≤ 10 joules) cardioversion ? O On (1) O Off (0)

hijcv14 Is high energy (> 10 joules) cardioversion ? O On (most patients) (1) O Off (0)

Lowest rate for any shock (VT or VF): ___ msec or ___ bpm (shkmsc14 / shkbpm14)

5 Battery check: O Adequate (1) O Inadequate (0) battry14

37178

ICDEVAL

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month / Day / Year

☐☐-☐☐☐-☐ ☐☐☐☐
Affix Patient ID # Here

6 For the 5 most recent spontaneous arrhythmia episodes, complete the following:

	Date (m/d/y) and Time (24 hour clock)	Acitvity,* pre-episode	Worst symptom**	Number of therapies used: ATP	Energy Low	Energy High	Ext. CV	Patient perceive tx? Yes	Patient perceive tx? No	P.I. *** Opinion
	days99	activ99	sympt99	atptx99	lowtx99	hitx99	ecvtx99	1	0	piop99
1)	☐☐/☐☐/☐☐	☐	☐☐	☐☐	☐☐		☐	○	○	☐
	tmtx99 ☐☐:☐☐	*Therapies occurring less than five minutes apart are considered part of the same episode.*								
2)	☐☐/☐☐/☐☐	☐	☐☐	☐☐	☐	☐	☐	○	○	☐
	☐☐:☐☐	*Therapies occurring less than five minutes apart are considered part of the same episode.*								
3)	☐☐/☐☐/☐☐	☐	☐☐	☐☐	☐	☐	☐	○	○	☐
	☐☐:☐☐	*Therapies occurring less than five minutes apart are considered part of the same episode.*								
4)	☐☐/☐☐/☐☐	☐	☐☐	☐☐	☐	☐	☐	○	○	☐
	☐☐:☐☐	*Therapies occurring less than five minutes apart are considered part of the same episode.*								
5)	☐☐/☐☐/☐☐	☐	☐☐	☐☐	☐	☐	☐	○	○	☐
	☐☐:☐☐	*Therapies occurring less than five minutes apart are considered part of the same episode.*								

*** Activity, pre-episode:**

0 = Sleeping
1 = Awake, lying/sitting
2 = Limited exercise, e.g., walking
3 = Moderate exercise, e.g., jogging climbing stairs
4 = Heavy exercise
5 = Driving
9 = Unknown

**** Symptoms:**

0 = None
1 = Palpitations
2 = Perspiration
3 = Anxiety
4 = Fatigue
5 = Nausea
6 = Dizziness
7 = Dyspnea
8 = Chest pain
9 = Presyncope
10 = Syncope
99 = Unknown

***** Investigator's opinion of cause of ICD action:**

1 = VT
2 = VF
3 = AF
4 = Other SVT (includes sinus tachycardia)
5 = Other inappropriate sensing
6 = ICD/lead malfunction
7 = Unknown
8 = Other

7 If more than 5 episodes, record the total number:

☐☐☐ ATP Only

☐☐ Any shock (with or without ATP)

Signature of person filling out this form

☐☐☐☐
code number

For Clinical Trial Center Use Only: rtnum14

CTC Code	Yes	No	2	1	4	0	4	0	1
☐☐	○	○							