7756

AVID

ICD Implantation Complications

Fax to: (206) 685-7569
or (800) 253-6404

Complete this form on all patients with lead or generator implantations (attempted or successful), explantations, or repositioning.

Affix Patient ID # Here seqnum24

Evaluation for complications should be done 30 days after implantation or at hospital discharge, whichever is later. Complications occurring after this time will go on the Adverse Symptoms form.

1 **Date of evaluation:** days24 ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

eval3024 **2 Was this evaluation completed?**

0 ○ After hospital discharge *(at 30 days after implantation)*
1 ○ At hospital discharge *(30 or more days post implantation)*

compli24 **3 Were there any complications?** ○ Yes ○ No *If no, sign form and FAX to CTC*
1 0

If Yes, complete the following:

Complications listed on THIS page require that documentation be sent to CTC per Manual of Operations

	1 Yes	0 No	
bleed24	○	○	Bleeding requiring reoperation or transfusion
perfor24	○	○	Cardiac perforation
lacer24	○	○	Coronary laceration
death24	○	○	Death *(Complete Death and Notification of Death forms)*
erode24	○	○	Erosion/extrusion
explnt24	○	○	Explantation, specify what was explanted: ☐☐☐☐☐☐☐☐☐☐☐☐
failgn24	○	○	Generator failure *(Notify CTC immediately)*
hemsrg24	○	○	Hematoma requiring surgical evacuation/correction
infect24	○	○	ICD infection, specify location: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐
ldfail24	○	○	Lead failure *(Notify CTC immediately)*
pnuthx24	○	○	Pneumothorax
stroke24	○	○	Stroke

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ICD Implantation Complications

Date

Month / Day / Year

Affix Patient ID # Here

3 Complications (continued):

	Yes 1	No 0	
fluid24	○	○	Fluid accumulation/seroma
worse24	○	○	Worsened heart failure
hmnsg24	○	○	Hematoma not requiring surgical intervention
dislod24	○	○	Lead dislodgement/migration, specify location:
mi24	○	○	Myocardial infarction
effus24	○	○	Pericardial effusion
pneu24	○	○	Pneumonia
embol24	○	○	Pulmonary embolism
respir24	○	○	Respiratory failure requiring prolonged mechanical ventilation (>72 hours)
sens24	○	○	Sensing/detection malfunction
shock24	○	○	Shock/hypotension requiring intra-aortic balloon pump or pharmacologic support
throm24	○	○	Thrombosis, specify location:
vtvf24	○	○	Spontaneous sustained VT/VF requiring pacing/cardioversion/defibrillation either externally or internally by the device within 48 hours of completion of the implantation
othcmp24	○	○	Other complication, specify:

Signature of person filling out this form

code number

For Clinical Trial Center Use Only: rtnum24

CTC Code | Yes ○ No ○ | 2 2 4 0 2 0 0