

## Deactivation of Implantable Cardioverter Defibrillator Record

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|--|---|
| Name:<br><br>Date of Birth:<br>CHI:<br><br><small>Addressograph may used</small> | Patient's Current Location:<br>GP Address:<br><br><br>  |
| Date Of Request:   | Consultant:<br><br>Cardiologist:  |
| Reason for request:  |   |
| I confirm that (please tick):  |   |
| <input type="checkbox"/>   | A Do Not Attempt CPR form is completed  |
| <input type="checkbox"/>   | The patient/family have been informed of reasons for deactivation                             |
| <input type="checkbox"/>   | The patient has capacity and has verbally consented to deactivation                           |
| <input type="checkbox"/>   | The patient does not have capacity but NHS Lothian policy on incapacity has been implemented. |
| <input type="checkbox"/>   | Cardiologist has agreed to the deactivation request   |
| Signature of Authorising Consultant/Physician:                                   |   |
| Print:   |   |
| Date: ___/___/___  |   |

I confirm that the ICD deactivation policy has been followed and that the patient/family understands the procedure.

Signature of health professional deactivating the device:

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Print:

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Date of Deactivation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_