

PATIENT CONSENT FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) DEACTIVATION

(must be reviewed with and signed by patient / parent / legal guardian / temporary substitute decision maker* prior to deactivation)

Section 1: Physician / Nurse Practitioner (NP) Discussion

I have discussed the following with the patient/family/parent/legal guardian or temporary substitute decision maker who, in my opinion understands the information provided

- Turning off the ICD will not cause death
- In the event of a dangerous rapid heart rate turning off the ICD will no longer provide a potentially lifesaving therapy such as electric shock and anti-tachycardia pacing
- Turning off the device will not be painful, nor will its failure to function cause pain
- Turning off the ICD lifesaving therapy function does not turn off the pacemaker function
- Patient can change their mind and have the ICD lifesaving therapy turned back on
- Shocks at end of life can cause a painful death
- There is a plan of care to ensure healthcare professionals contact information is available to the patient if they have new questions or concerns

Section 2: Patient or Substitute Decision Maker Consent

I (Circle: Patient / parent / legal guardian / temporary substitute decision maker name) _____

having been given the full details of the consequences by Dr _____ agree to the turning off the lifesaving therapy of (patient name) _____ Implantable Cardioverter Defibrillator (ICD). I understand I can change my mind and request the ICD's lifesaving therapy to be turned back on.

Signed (by Patient / parent / legal guardian / temporary substitute decision maker name*) _____

Date (dd/mm/yyyy) _____

***if signed by a temporary substitute decision maker, complete the confirmation of Substitute Decision Maker form.**

Physician / NP Signature _____ Date (dd/mm/yyyy) _____ Time _____

Section 3: Telephone Consent

I have discussed the points in section 1 and expected effects of ICD deactivation with (print name) _____, who is the patient's (state relationship) _____ and who has given verbal consent as substitute decision maker

Physician / NP Name _____ Signature _____ Date (dd/mm/yyyy) _____

Section 4: Interpreter Declaration

I have accurately translated this document and acted as interpreter for the (circle: patient / parent / legal guardian / temporary substitute decision maker) who told me that he/she understands the explanation and consents as described above

Interpreter Name (print) _____ Signature _____ Date (dd/mm/yyyy) _____

**Note: Where possible, at the earliest opportunity,
the person who granted consent over the phone should sign Section 2 of this form**