

## 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 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 (pts 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\*) \_\_\_\_\_

Date \_\_\_\_\_

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

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_ 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

Physicians 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 \_\_\_\_\_

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