REFERRAL GUIDELINES FOR ICD & CRT CONSIDERATION

SECONDARY PREVENTION
Previous Cardiac Arrest, VF or Sustained VT (induced or spontaneous and not due to a reversible cause)

PRIMARY PREVENTION & CRT PATIENTS (Ischemic & Non-Ischemic)

OPTIMAL MEDICAL THERAPY (OMT)
Patient is receiving OMT for a minimum of 3 months (Medications may include: Beta Blockers, ACE inhibitors, Diuretics, Statins)

RECENT LOW LVEF* MEASUREMENT
Measured within past 6 months and 30 days post MI or 80 days post revascularization procedure

If admitted, do not discharge patient

ICD
LVEF ≤ 30%**
Non-Ischemic Cardiomyopathy with persistently low LVEF for at least 9 months
NYHA Class II or III
REFER FOR ICD CONSIDERATION, UNLESS CONTRAINDICATED

CRT2
LVEF ≤ 35%**
NYHA Class III or IV
Cardiomyopathy with QRS ≥ 120ms
REFER FOR CRT CONSIDERATION, UNLESS CONTRAINDICATED

CAD or Post MI

2 Canadian Cardiovascular Society Consensus Conference Heart Failure Management 2006 CAN J Cardiol Vol 22 No1 January 2006
* LVEF – Left Ventricular Ejection Fraction
** For appropriate patients, EF of 31% to 35% will also be considered per CCS/CHRS Recommendations

Sept 2011: Adapted from Medtronic of Canada Ltd’s Referral Guidelines for ICD and CRT Consideration
SUDDEN CARDIAC DEATH (SCD) FACTS

✦ SCD is a leading cause of death in Canada, claiming 45 000 lives a year – more than lung, colorectal, breast and prostate cancers combined 1, 2

✦ Only 5% of SCD victims survive an out of hospital cardiac arrest 3 – defibrillation within 6 minutes is critical with each additional minute of delay reducing the change of survival by 7-10% 4

✦ Randomized clinical trials have not shown that antiarrhythmic drug therapy can effectively reduce mortality in heart failure patients 5, 6

✦ Within an ICD, over 95% of SCD victims survive 7

1. Davis DR, Tang ASL. CMAJ. 2004;171(9):1037-1038
2. Heart and Stroke Foundation Statistics