### S-ICD Implant

#### Implant data

- **Implant date:** __/__/___
- **Device Manufacturer:** ___________
- **Device model:** _______________

#### Factors for preferring an S-ICD:
- □ Young age
- □ Long life expectancy
- □ Prevention/resolution of complications of transvenous lead
- □ Prevention/resolution of infective complications (diabetes, renal insufficiency)
- □ Specific detection algorithm
- □ Cosmetic appearance
- □ Patient preference
- □ Other: __________

#### Driver for implanting an S-ICD:
- □ Physician choice
- □ Patient choice
- □ Only option
- □ Problems with the previous transvenous system
- □ Other: __________

#### Previous implanted device:
- □ NO
- □ PM □ ICD □ CRT-P □ CRT-D □ S-ICD □ ______

- **Previous implant date:** __/__/___
- **Battery:** □ BOL □ MOL □ ERI □ EOL

- **Delivered therapies?**
  - □ NO
  - □ Appropriate □ Inappropriate □ Both

- **If S-ICD replacement:**
  - □ clinical indication
  - □ elective replacement

#### Previous implanted leads:
- □ NO
- □ RA □ RV PM □ RV ICD □ LV □ Other_____

#### System/lead extraction?
- □ NO
- □ YES, date__________________________
- □ Device □ Lead, specify: ____________

#### Hybrid implant (PM, Leadless PM, CRT-P)?
- □ NO
- □ YES, specify:_______________________

  ________________________________

  PM implant date:_______________________

#### Additional information:

________________________________________________________________________________________
## Device programming (prior to patient discharge)

<table>
<thead>
<tr>
<th>Conditional zone (bpm):</th>
<th>□ No □ 170 □ 180 □ 190 □ 200 □ 210 □ 220 □ 230 □ 240</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shock zone (bpm):</td>
<td>□ 170 □ 180 □ 190 □ 200 □ 210 □ 220 □ 230 □ 240 □ 250</td>
</tr>
<tr>
<td>Shock polarity:</td>
<td>□ Standard □ Reversed</td>
</tr>
<tr>
<td>Pacing post-shock:</td>
<td>□ NO □ YES</td>
</tr>
<tr>
<td>Sensing vector:</td>
<td>□ Primary □ Secondary □ Alternate</td>
</tr>
<tr>
<td>Gain:</td>
<td>□ 1x □ 2x</td>
</tr>
<tr>
<td>Sensing optimization:</td>
<td>□ NO □ YES</td>
</tr>
<tr>
<td>Sensing Setup:</td>
<td>□ Automatic □ Manual</td>
</tr>
<tr>
<td>Reason for manual setup:</td>
<td>___________________________________________________________________________________________</td>
</tr>
<tr>
<td>Template acquisition:</td>
<td>□ NO □ YES</td>
</tr>
<tr>
<td>SMART PASS:</td>
<td>□ NO □ YES</td>
</tr>
<tr>
<td>AF MONITOR:</td>
<td>□ NO □ YES</td>
</tr>
<tr>
<td>Additional information:</td>
<td>___________________________________________________________________________________________</td>
</tr>
</tbody>
</table>

## Remote Monitoring

| Remote monitoring:       | □ NO □ YES                                              |
| Weekly alarm check:      | □ NO □ YES □ day of the week:___________________________ |
| Scheduled remote follow up: | □ NO □ YES □ timing:______________________________ |

## Procedure

| Device placement:       | □ Subcutaneous □ Submuscular □ Intermuscular (between the serratus anterior muscle and the latissimus dorsi muscle) □ Other, specify:______________ |
| Lead placement:         | □ Left parasternal □ Right parasternal □ Sternal midline □ Other:__________ |
| Use of preimplant demo: | □ NO □ YES                                              |
| Incisions number (with pocket): | □ 2 □ 3 □ Other, specify__________________________ |
| Use of tunelling during implant: | □ NO □ YES, model:__________________________ |
| Skin-to-skin time:      | _____ minutes                                           |
| Use of imaging system:  | □ NO □ Fluoroscopy □ X-Ray □ Other, specify___________ |
| Available images?       | □ NO □ YES                                              |
**European Paediatric Registry: Implant version 1.0 – 08/02/2017**

<table>
<thead>
<tr>
<th>Anaesthesia: □ NO □ YES □ local □ general □ deep sedation □ other, ________________ □ anesthetic, specify __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating room: □ EP Lab □ Surgical Theatre</td>
</tr>
<tr>
<td>Operators number: ___</td>
</tr>
<tr>
<td>Hospitalization: □ day hospital □ &gt; 1day □ Other, ________________________________</td>
</tr>
</tbody>
</table>

**Defibrillation testing:** □ NO □ YES

If not, indicate the reason:

**Clinical reason:** □ patient condition □ poor EF □ primary prevention □ clinical practice □ lackness of anesthetist □ patient refusal □ Other, ________________________________

**Technical reason:** □ VF induction not achieved:
- number of tests ___;
- 50Hz: _____ seconds (s)

If done:

Successful conversion with the first shock? □ NO □ YES
- Delivered energy: ___ J  
- Shock impedance: _____Ohm
- Shock polarity: □ STD □ REV

if NOT successful, specify which cardioversion has been effective (internal/external shock):
- □ 2° □ 3° □ 4° □ 5°  
- Shock impedance: _____Ohm
- □ External defibrillator

Number of ineffective shocks:_______

Indicate the action taken:
- □ Test at higher energy; Delivered energy: ___ J
- □ Test at alternate polarity
- □ Reposition of the lead
- □ Reposition of the device

Time to the first therapy:________ s

Sensing post-shock: □ Appropriate □ Inappropriate

Pacing post-shock: □ Appropriate □ Inappropriate

Pacing post-shock duration: ___ s

**Further defibrillation testing:** □ NO □ YES

Successful conversion with the first shock? □ NO □ YES
- Delivered energy: ___ J  
- Shock impedance: _____Ohm
- Shock polarity: □ STD □ REV

if NOT successful, specify which cardioversion has been effective (internal/external shock):
- □ 2° □ 3° □ 4° □ 5°  
- Shock impedance: _____Ohm
<table>
<thead>
<tr>
<th>Action Taken</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test at higher energy</td>
<td>0</td>
</tr>
<tr>
<td>Test at alternate polarity</td>
<td>0</td>
</tr>
<tr>
<td>Reposition of the lead</td>
<td>0</td>
</tr>
<tr>
<td>Reposition of the device</td>
<td>0</td>
</tr>
</tbody>
</table>

**Additional Information**

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**Sensing post-shock**

- Appropriate: 0
- Inappropriate: 0

**Pacing post-shock**

- Appropriate: 0
- Inappropriate: 0

**Pacing post-shock duration**

- 0 seconds

**External defibrillator**

Number of ineffective shocks: 0

- Test at higher energy: 0
- Test at alternate polarity: 0
- Reposition of the lead: 0
- Reposition of the device: 0

**Time to the first therapy**: 0 seconds