Cardiac implantable electronic device (CIED) function assessment form

Patient details

MRN:_____

Surname:_____

Other names:_____

DOB: _____

Sex: _____

CIED function assessment timepoint

Pre-treatment course	During treatment course (weekly)	Post-treatment course
☐	☐ Total planned fractions: _____ Fractions delivered: _____	☐

CIED features

CIED implantation date: _____

CIED implantation indication:_____

Device manufacturer: _____

Device model:_____

Type of implanted device: Pacemaker ☐ CRT-P ☐ ICD ☐ CRTR-D ☐

Pacing dependent (intrinsic heart rate <40 BPM): Yes ☐ No ☐

Pacing mode:_____ Minimum pacing rate:_____ Hysteresis value:_____

Maximum tracking rate:_____ Maximum sensor rate:_____

Section completed by:_____ **Date:** _____

CIED interrogation results - Pacing system and function parameters

Device function-pacing output:_____

Pacing thresholds:_____

Sensing of R and P waves (i.e. A & V signal values):_____

Lead impedance:_____

Battery voltage and impedance (or estimated longevity):_____

Other:_____

Measurements of the pacing system and function parameters are stable: Yes ☐ No ☐

Comments:

Section completed by:_____ **Date:** _____

Key RT-P = cardiac resynchronisation therapy-pacemaker; CRT-D = cardiac resynchronisation therapy with implantable cardioverter defibrillator; ICD = Implantable cardioverter defibrillator

Radiation therapy plan information

CIED is in the direct path of a planned radiation beam: Yes ☐ No ☐	CIED relocation recommended: Yes ☐ No ☐
Neutron-producing beam used (>10 MV): Yes ☐ No ☐	Cumulative dose to CIED: <2 Gy ☐ 2-<5 Gy ☐ ≥5 Gy ☐

Comments:

Section completed by:_____ **Date:** _____

Device alteration recommendations

Daily device alteration required during radiation therapy treatment delivery: Yes ☐ No ☐

Type of CIED function alteration required:_____

Method of function alteration: magnet ☐ temporary reprogramming ☐

Comments:

Section completed by:_____ **Date:**_____

Will CIED function be altered during treatment?	Pacemaker dependence status	Treatment beam energy (>10 MV)	Cumulative dose to CIED	Assessment and monitoring intervention level and requirements
No	**Non-dependent**	**No**	**<2 Gy**	Level 1 • No additional monitoring or weekly CIED assessment required. • CIED function assessment to be completed at end of treatment course.
			2-<5 Gy	Level 2 • Monitor cardiovascular vital signs during treatment delivery (e.g. ECG/pulse oximeter) • No weekly CIED assessment required. • CIED function assessment to be completed at end of treatment course.
			≥5 Gy	Level 3 • Monitor cardiovascular vital signs during treatment delivery (e.g. ECG/pulse oximeter) • CIED function assessment to be completed during treatment course (weekly) • CIED function assessment to be completed at end of treatment course.
		Yes	**Any**	
	Dependent	**Any**	**Any**	
Yes	**Any**	**Any**	**Any**	

Recommended assessment and monitoring

Recommended assessment and monitoring intervention level (refer to the table above): Level 1 ☐ Level 2 ☐ Level 3 ☐

Recommended acceptable parameters and ranges during monitoring (e.g. programmed and asynchronous pacing rate):

NB: patients with CIED function alteration must be monitored until device function is returned to normal.

Comments:

Section completed by:_____ **Date:**_____

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