

# The Implantable Cardioverter Defibrillator

## 3.2.3.2 If the rhythm is **ventricular tachycardia**:

- Pulseless VT should be treated as cardiac arrest (3.1.2 above).
- If the patient is haemodynamically stable, monitor the patient and convey to the emergency department.
- If the patient is haemodynamically unstable, and ICD shocks are ineffective treat as per VT guideline.
- An ICD will not deliver anti-tachycardia pacing (ATP) or shocks if the rate of the VT is below the programmed detection rate of the device (generally 150 beats/min). Conventional management may be undertaken according to the patient's haemodynamic status.
- Recurring VT with appropriate shocks. Manage any underlying cause (acute ischaemia, heart failure etc.). Sedation may be of benefit.

## INAPPROPRIATE /INEFFECTIVE ICD FIRING

- ### 3.2.3.3
- A ring magnet placed over the ICD box will stop the ICD from firing and may be considered in conscious patients where the ICD shocks are ineffective and the patient is distressed. In ICDs that have a dual pacing function, the magnet will also usually change the pacing function to deliver a paced output of 50 beats/min.

## Methodology

For details of the methodology used in the development of this guideline refer to guideline webpage.

[Further related reading includes references 63, 75]

## KEY POINTS

### Implantable Cardioverter Defibrillators (ICDs)

- ICDs deliver therapy with bradycardia pacing, ATP and shocks for VT not responding to ATP or VF.
- ECG records, especially at the time that shocks are given, can be vital in subsequent patient management. A recording should always be made if circumstances allow.
- Cardiac arrest should be managed according to normal guidelines.
- Avoid placing the defibrillator electrode over or within 8 cm of the ICD box.
- A discharging ICD is unlikely to harm a rescuer touching the patient or performing CPR.
- An inappropriately discharging ICD can be temporarily disabled by placing a ring magnet directly over the ICD box.