

Implanted Cardioverter Defibrillator Deactivation Guide

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Reviewed by: Medical Director – Dr. Alex Hodgson	Approved by: Medical Director – Dr. Alex Hodgson
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Preamble:

An ICD fulfills 3 different functions which includes: pacemaker, defibrillator, and monitoring device. These devices are larger than pacemakers and are usually implanted in the upper left chest wall under the clavicle. They monitor cardiac rhythm and deliver shocks when abnormal cardiac rhythms are identified. These shocks are usually painful and therefore inconsistent with palliative comfort care. Cardiac pacing therapy can also be administered by the ICD when slow heart rhythms are detected, which are also inconsistent with palliative comfort care. The shocking and pacing functions of an ICD can be independently turned off. The functioning of an ICD is inconsistent with a “Do-Not-Resuscitate” order since ICD’s attempt to resuscitate the resident by shocking their heart back into a life-sustaining rhythm.

Most residents will have their ICD deactivated prior to coming into hospice, but in the case that this is not possible, it is important that we are aware how to manage an ICD at end of life to avoid any undue suffering or prolonging of life.

There is no risk to the nurse at the bedside should the ICD discharge, the joule dose is small. If the ACD is discharging, the wearing of gloves is recommended with skin contact.

Policy:

Residential Hospice Grey Bruce supports a natural, pain-free death, active ICD’s contradict the Do-Not-Resuscitate wish of the resident; and therefore, active defibrillators will be deactivated while a resident at Residential Hospice Grey Bruce or prior to admission.

The decision to deactivate an ICD will be reached jointly with the individual or his/her SDM and their care team after discussion of the risks and benefits of deactivation including the following circumstances:

- Continued use of an ICD is inconsistent with resident goals of care.
- Withdrawal of anti-arrhythmic medications is causing frequent and painful shocks.
- The resident has a DNR order.
- Imminent death is expected.

Procedure:

1. Prior to admission:

- a. The Clinical Care Coordinator or designate will determine if the client has an existing ICD.
- b. If the client has an ICD, they will be encouraged to discuss deactivation with their cardiologist or family physician/primary care provider prior to admission to Residential Hospice Grey Bruce.
- c. If deactivation is not possible prior to admission the Clinical Care Coordinator or designate will ensure this information is added to the resident's care plan.

2. Upon admission:

- a. If the ICD has not been deactivated, then the nurse will engage in a conversation with the resident or his/her SDM describing the risks and benefits of deactivation including that:
 - The device will no longer provide life-saving therapy in the event of a ventricular tachyarrhythmia.
 - Turning off the ICD will not cause death.
 - Turning off the ICD will not be painful, nor will its failure to function cause pain.
 - Turning off the ICD, will prevent painful shocks in the event of imminent death.
 - An invitation to address questions and concerns immediately or as they arise is always available.
- b. The conversation regarding deactivation is documented.
- c. The intention to deactivate is discussed with the resident's admitting physician
- d. The physician provides a medical order for deactivation.

3. Deactivation of the ICD:

- a. A physician is required to notify the electronic device representative with request for a representative to attend Residential Hospice Grey Bruce and deactivate the ICD.
- b. In the interim if death appears reasonably imminent (hours to short days) the nurse will place an ICD magnet over the ICD on the resident's chest (left side) to deactivate the defibrillator. This magnet is usually donut shaped.
 - i. If a magnet is not available on site, it can be obtained at

GBHS – Owen Sound site. Residential Hospice Grey Bruce has a magnet available which is stored in the medication room.

- ii. A magnet specifically designed for this purpose can be taped over the device site.
- iii. This will suspend the detection of abnormal cardiac rhythms and interrupt the defibrillator function without affected the programmed bradycardia pacing mode. The magnet must stay in place until death has occurred.

4. After Death:

- a. Once there is no cardiac rhythm the magnet can be removed. After the resident has died, the ICD will not deliver a shock. The ICD will not attempt to shock because it will not detect Ventricular Tachycardia (VT) or Ventricular Fibrillation (VF). It may/will try to pace (no different than a resident passing away with a straightforward pacemaker) but will not shock.
- b. If a magnet has been taped to the chest, it can be removed as soon as a nurse has verified the resident no longer has a cardiac rhythm. Ensure that the magnet is returned to Grey Bruce Health Services – Owen Sound, or in the medication room of Grey Bruce Health Services.
- c. If the body is to be cremated, the funeral director should be notified of the presence of and ICD, as incinerating the battery can lead to explosion.