

NAME OF THE HOSPITAL: _____

8. Temporary Pacemaker Implantation: M7F3.2

1. Name of the Procedure: Temporary Pacemaker Implantation
2. Indications:
Acute M.I with 3rd degree or 2nd degree infranodal A-V block (Type-II)/ Symptomatic bradyarrhythmia due to S.A nodal dysfunction or A-V nodal block/ Overdrive pacing in ventricular tachycardia/ Support cardiac output after cardiac surgery/ E.P study for arterial or ventricular pacing
3. Did the patient present with hypotension with bradycardia, pre-syncope, syncope, stroke/ TIA: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - ECG, 2 D Echo: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Acute M.I with transient A-V block with isolated LAFB (Left anterior fascicular block): Yes/No
 - b. Asymptomatic sinus node dysfunction: Yes/No
 - c. Asymptomatic 1st degree A-V block: Yes/No
 - d. Asymptomatic 2nd degree type-1 A-V block: Yes/No

For Eligibility for Temporary Pacemaker Implantation the answer to question 5a, 5b, 5c & 5d must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
