Guidelines for deactivating implantable cardioverter defibrillators (ICDs) in people nearing the end of their life

Deactivating an ICD means ‘turning off’ the shocking function of the defibrillator so that the patient is not ‘shocked’ in their last minutes of life. The ICD will continue to give bradycardic support should the patient need it but will no longer provide lifesaving therapy.

When a patient is nearing the end of their life, it should be recommended that any implantable device be deactivated. This should be discussed with the patient, next of kin, doctor and cardiac physiologist. This deactivation should be considered when the use of the ICD is inconsistent with patient care, or death is expected in the near future. A delivery of a shock therapy from the ICD would be inappropriate and traumatic as the person dies both for patient and surrounding family.

Deactivation should be discussed

- Early and ideally with a Cardiologist, physiologist, or GP. This should always be in advance to give time for arrangements
- A planned deactivation is recommended. Therefore these patients with ICDs should be involved in the decision making process where possible and of course, including next of kin.
- Planned deactivation requires scheduling with physiologists therefore last minute requests and arrangements may not be possible.
- Resuscitation issues are explored
- Transfer to a hospice or home for end of life care.
- Planned / emergency reactivation can always be re-instated should the patient recover sufficiently

The deactivation of the device should be considered

- When continued use of the ICD is inconsistent with patient care
- Death is near or expected, and no interventions are planned
- An active DNACPR order is in place in consultation with the patient or family

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The deactivation process

- Does not cause death. Brady arrhythmias will still be supported by the pacemaker function of the device.
- It will not be painful, and is similar to having a check-up at follow-up clinics

Discuss this with named health professional responsible for the patient’s care. This health professional should be clearly identified and have already a plan developed for this situation.

Authorisation of deactivation

Ideally should be the Consultant Cardiologist in consultation with

- Patient / family / next of kin,
- GP,
  and/or
- Medical team in charge of patient during the admission

Deactivation will either be planned or as a temporary emergency procedure.

In an emergency situation you must obtain verbal consent by the healthcare professional in charge of patient and then documented in patient notes.

The magnet (supplied by Cardiology Department) should be placed over the ICD site and taped to patient’s chest. This will then stop/prevent any shock or ATP therapies but as already mentioned does not disable bradycardic pacing. This should only be a TEMPORARY solution as the ICD will return to full function as soon as the magnet is removed. The magnet should not be removed even after death until the device has been deactivated appropriately by the physiologist. The ICD should always be deactivated by a Cardiology Physiologist using the appropriate programmer. This method should only be considered when care plans are not in place and where a Cardiac Physiologist is unavailable.

The planned deactivation request should be filled in and signed appropriately and a copy sent to GP and other members of the health care team informing them of instructions and the rationale for the decision. If unplanned deactivation takes place the request should then be filled in by doctor and then sent to with patient to mortuary as this will be documented on death certificate.