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Plan for EP Procedures

Date Effective: MM/DD/YYYY

Type of Policy: Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Purpose

Indicate why this policy is in place and the population it benefits.

Policy Statement

State the actual policy/plan for electrophysiology procedures in your institution. Confirm that the electrophysiologist (pediatric/adult hospital) who cares for ACHD patients has experience and expertise in implantable device evaluation, programming, arrhythmia management and the identification and management of device complications and malfunction.

Procedures

Describe the specific guidelines for EP procedures in your institution. This includes:

- Details about the electrophysiologist (i.e. demonstrates competency in the evaluation and treatment of ACHD patients and collaborates with the ACHD team for pre procedure evaluation and per-procedure consultation)

References

If applicable, please list any articles or other resources utilized to develop your institution's plan for EP procedures.

Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** of the individuals listed below in order for the document to be valid:

- Director of Pediatric Cardiology
- Director of EP (pediatric cardiology)
- Director of EP (adult cardiology)
- Director of Cardiology
- Medical Program Director of ACHD

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Helpful Tips

If you would like, please upload any documentation or examples of the above policy to the additional files section of H Interventional Electrophysiology. It is not a requirement. Please save the document with H1 in the title so that we know which policy/procedure the uploaded document references.