### Sudden Cardiac Death

#### Primary Prevention Protocols

<table>
<thead>
<tr>
<th>Ejection Fraction ≤</th>
<th>35% for Non-Ischemic Cardiomyopathy</th>
<th>40% for Ischemic Cardiomyopathy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any Cardiomyopathy</strong></td>
<td>Not on Optimal Medical Therapy</td>
<td></td>
</tr>
<tr>
<td><strong>Post-MI or Ischemic Cardiomyopathy</strong></td>
<td>With Revascularization (PCI or CAB) ICD Waiting Period &gt; 3 Months</td>
<td></td>
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<tr>
<td><strong>Post-MI Without Revascularization</strong></td>
<td>ICD Waiting Period &gt; 40 Days</td>
<td></td>
</tr>
<tr>
<td><strong>Any Cardiomyopathy</strong></td>
<td>Beyond ICD Waiting Period on Optimal Medical Therapy</td>
<td></td>
</tr>
</tbody>
</table>

- **Initiate or Titrate Medical Therapy**
  - Beta Blocker – ACE/ARB – Aldosterone Antagonist
- **Discharge Home; Continue Optimization of Medical Therapy**
  - Consider Consultation with Heart Rhythm Specialist/
  - Consider Wearable Cardioverter Defibrillator
- **Reassess EF @ 3 Months**
- **Reassess EF @ 40 Days**
- **Non-Ischemic Cardiomyopathy**
  - EF ≤ 35%
- **Ischemic Cardiomyopathy**
  - EF = 36 – 40% ➔ Consider Further Risk Stratification/Consultation with Heart Rhythm Specialist*
  - EF ≤ 35%

**Refer for Consultation with Heart Rhythm Specialist**


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