Primary prevention

* VF > 250, ATP x 1 and max output shocks
* VT 220-250, ATP burst 8 at 88% X 5, ATP ramp 97% minimum 220 X 4
* Maximum time to detection for both VF and VT
* Monitor 180-220

For secondary prevention/prior VT

* VF > 250, ATP and shocks
* VT with rate and type programmed or directed by past events, with ATP as worked before, but more attempts (at least 10 attempts, can use primary prev protocol if not obvious), and no shocks in this zone
* Max time to detection both VF and VT
* Monitor ok

BiV pacing

* LV lead off

Notes:

* ALWAYS discuss with the patient and the support (family, caregiver) the programming changes
  + Reinforce that these changes are likely to reduce risk of shock, but could result in syncope or a prolonged episode of arrhythmia
  + Reinforce that if the patient feels poorly, flows are down, or they feel sustained palpitations, they need to seek medical attention per the LVAD/MCS instructions
* Send a copy of the ORCA programming note to the EP that follows the device (whether that is UW or elsewhere)