Clinical follow-up in patients with systolic HF

Device follow-up

Unfavorable response to CRT with BiV pacing

Generator change

CRT: Echo within 3-12 months (1. B-MR)

Remote monitoring (1, B-NR)

Continue to optimize medical and device therapies (1, C-LD)

Continue CRT with BiV pacing in patients with HFimpEF at time of elective replacement (1, C-LD):

HBP or LBBAP: Echo within 3 to 12 months (1. C-EO)

CRT: 12-lead ECG (1, C-EO)

Chest X-ray (PA, lateral) to assess LV lead position F1. C-LD)

Continue CRT with BiV pacing in patients thought to have benefited from CRT at time of elective replacement

(1, 0.80)

management with HF and device clinics (2a, B-NR)

CSP: Multi-lead or 12-lead ECG (1. B-NFI)

LV pacing less than optimal: Ablation or pharmacological suppression of frequent PVCs or better rhythm or rate control of AF (2a, C-LD)

Shared decisionmaking: At the time of elective replacement, consider whether to replace CRT-D or revise to CRT-P (1, B-NR).

Shared decision-

HBP or LBBAP: Multidisciplinary management with HF and device clinics (2a, C-EO)

Continue GDMT with

recovery of LV function

(2a, C-LD)

HBP: If threshold rises > 1V, more frequent follow-up needed (2a, C-EO)

(2a, B-NR)

Crossover to CSP with HBP or LBBAP (2a, C-LD)

making: When high lead pacing threshold contributes to rapid battery drain, consider implantation of a new lead to reduce risks. associated with frequent generator replacements

Routine use of thoracic impedance alone to manage congestive HF

Crossover to surgical epicardial lead implantation (2a, B-NR)

(3: No Benefit, B-R)

CRT: Multidisciplinary

CSP: Comprehensive assessment at follow-up including CSP capture, BBB correction, and thresholds.

Suboptimal response to CRT with BiV pacing

(2b, C-EO)

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Anne G. Perry, Patricia A.
Potter, Wendy R. Ostendorf

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concerns besides mere physical safety concerns that include data protection inappropriate use of emotions invasion of privacy autonomy suppression decrease in human interaction and cognitive safety Given the novelty of these technologies and the uncertainties surrounding the impact of care automation it is unclear how the law should respond This book investigates the legal and regulatory implications of the growing use of personal care robots for healthcare purposes It explores the interplay between various aspects of the law including safety data protection responsibility transparency autonomy and dignity and it examines different robotic and AI systems such as social therapy robots physical assistant robots for rehabilitation and wheeled passenger carriers Highlighting specific problems and challenges in regulating complex cyber physical systems in concrete healthcare applications it critically assesses the adequacy of current industry standards and emerging regulatory initiatives for robots and AI After analyzing the potential legal and ethical issues associated with personal care robots it concludes that the primarily principle based approach of recent law and robotics studies is too abstract to be as effective as required by the personal care context Instead it recommends bridging the gap between general legal principles and their applicability in concrete robotic and AI technologies with a risk based approach using impact assessments As the first book to compile both legal and regulatory aspects of personal care robots this book will be a valuable addition to the literature on robotics artificial intelligence human robot interaction law and philosophy of technology

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