Patient presents with acute coronary syndrome or heart failure.

- EF ≤ 35%?
  - Yes: Consider SCA protection with a wearable defibrillator, if revascularization delay.
  - No: Review history for other SCD risk factors.

- Candidate for revascularization?
  - Yes: Revascularization procedure
  - No: Optimal medical therapy?
    - Yes: Consider SCA protection with a wearable defibrillator during optimization of medical therapy.
    - No: Review ICD or EP study indications. See notes.

- ICD or EP study indicated?
  - Yes: Consider SCA protection with a wearable defibrillator.
  - No: Continue optimal medical therapy.

- ICD postponed or prohibited? (See notes.)
  - Yes: Consider SCA protection with a wearable defibrillator during wait.
  - No: Consider SCA protection with ICD.

- ICD explant?
  - Yes: Consider SCA protection with a wearable defibrillator.

ICD or EP study indications:
- NSVT + EF ≤ 35% + CAD with prior MI → EP study; if +, → ICD
- EF < 35% + prior MI or NICM → ICD
- History of sustained VT (> 30 secs) with structural heart disease → ICD
- History of VF (not due to transient or reversible causes) → ICD
- Syncope of undetermined etiology when other causes have been excluded → EP study; if +, → ICD
- Familial or inherited SCA risk (long QT, Brugada syndrome, hypertrophic cardiomyopathy, etc) → ICD
- Syncope of undetermined etiology and advanced structural heart disease → ICD

Reasons ICD postponed or prohibited due to patient condition:
- Systemic infection (e.g., influenza, osteomyelitis)
- Myocarditis
- Intra-ventricular thrombus
- Cancer
- Transplant wait list
- NYHCA Class IV
- Life-limiting serious illness