Get With the Guidelines-Atrial Fibrillation

December 2021

Legend: Elements in **bold** font are required.

Changes since last update appear in yellow highlight

Patient ID:

Demographics

Was patient admitted as an inpatient? ○ Yes ○ No

Please select reason patient was not admitted:
- ○ Outpatient planned ablation procedure episode
- ○ Discharge from Observation Status
- ○ Discharged from ED

Date of Birth: ____/____/______

Sex: ○ Male ○ Female ○ Unknown

Homeless: ☐

Patient Zip Code:

Payment Source:
- ☐ Medicare Title 18
- ☐ Medicaid Title 19
- ☐ Medicare – Private/HMO/PPO/Other
- ☐ Medicaid – Private/HMO/PPO/Other
- ☐ Private/HMO/PPO/Other
- ☐ VA/CHAMPVA/Tricare
- ☐ Self-Pay/No Insurance
- ☐ Other/Not Documented/UTD

Race and Ethnicity

Race:
- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ White
- ☐ Asian
  - ☐ Asian Indian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Japanese
  - ☐ Korean
  - ☐ Vietnamese
  - ☐ Other Asian
- ☐ Native Hawaiian or Pacific Islander
  - ☐ Native Hawaiian
  - ☐ Guamanian or Chamorro
  - ☐ Samoan
  - ☐ Other Pacific Islander
- ☐ UTD

Hispanic Ethnicity: ○ Yes ○ No/Unable to Determine (UTD)

If Yes Hispanic Ethnicity:
- ☐ Mexican, Mexican American, Chicano/a
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino or Spanish Origin

Admission

Arrival and Admission Information

Internal Tracking ID:

Physician/Provider NPI:

Arrival Date and Time: MM/DD/YYYY HH: MM or MM/DD/YYYY format

Admission Date: MM/DD/YYYY format

Point of Origin for Admission or Visit:
- 1 Non-Health Care Facility Point of Origin
- 2 Clinic
- 4 Transfer from a Hospital (Different Facility)
- 5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- 6 Transfer from another Health Care Facility
- 7 Emergency Room
- 9 Information not available
- F Transfer from Hospice and is under a Hospice Plan of Care or enrolled in a Hospice Program

Medical History

Medical History (Select all that apply):

- ☐ No medical history reported
- ☐ Alcohol use/dependence > 20 units/week
- ☐ Anemia
- ☐ Bioprosthetic valve
- ☐ Bleeding Diathesis
- ☐ Cancer
- ☐ Cardiac Transplantation
- ☐ Cardiomyopathy
  - ☐ Ischemic
  - ☐ Non-ischemic
- ☐ Carotid Disease (clinically diagnosed)
- ☐ Cognitive impairment
- ☐ COPD
- ☐ Coronary Artery Disease
- ☐ CRT-D (cardiac resynchronization therapy w/ICD)
- ☐ CVA/TIA
  - ☐ Ischemic Stroke
  - ☐ ICH
  - ☐ TIA
- ☐ Depression
- ☐ Diabetes
- ☐ Emerging Infectious Disease
  - ☐ MERS
  - ☐ SARS-COV-1
  - ☐ SARS-COV-2 (COVID-19)
  - ☐ Oher infectious respiratory pathogen
- ☐ Familial Hypercholesterolemia
- ☐ Family History of AF
- ☐ Heart Failure
- ☐ Hypertension History
  - ☐ Uncontrolled > 160 mmHg systolic
- ☐ ICD only
- ☐ Illicit Drug Use
- ☐ Left Ventricular Hypertrophy
- ☐ Liver Disease (Cirrhosis, Bilirubin > 2x Normal, AST/ALT/AP > 3x Normal)
- ☐ Mechanical Prosthetic Heart Valve
- ☐ Mitral Stenosis
- ☐ Obstructive Sleep Apnea
  - ☐ CPAP
- ☐ Pacemaker
- ☐ Peripheral Vascular Disease
- ☐ Prior Hemorrhage
  - ☐ Gastrointestinal
  - ☐ Other
- ☐ Prior MI
- ☐ Prior PCI
  - ☐ Bare metal stent
  - ☐ Drug eluting stent
- ☐ Renal Disease
  - ☐ Dialysis
- ☐ Rheumatic Heart Disease
- ☐ Sinus Node Dysfunction / Sick Sinus Syndrome
- ☐ Thyroid Disease
  - ☐ Hyperthyroidism
  - ☐ Hypothyroidism

History of cigarette smoking in the past 12 months ○ Yes ○ No

History of vaping or e-cigarette use in the past 12 months ○ Yes ○ No

Other Risk Factor Labile INR (Unstable/high INRs or time in therapeutic range <60%)?
○ Yes ○ No
○ Unable to determine from the information available in the medical record

Prior AF Procedures

- ☐ None
- ☐ Cardioversion
- ☐ Ablation
  - Month/Year of prior ablation ______/______/_________
  - ☐ AF Surgery (Surgical MAZE)
- ☐ LAA Occlusion Device
  - ○ Lariat
  - ○ Surgical closure (clip or oversew)
  - ○ Watchman
  - ○ Other

Diagnosis		
Atrial Arrhythmia Type:	☐ **Atrial Fibrillation** If Atrial Fibrillation: ☐ First Detected Atrial Fibrillation ☐ Paroxysmal Atrial Fibrillation ☐ Persistent Atrial Fibrillation ☐ Permanent/long standing Persistent Atrial Fibrillation ☐ Unable to Determine	☐ **Atrial Flutter** If Atrial Flutter: ○ Typical Atrial Flutter ○ Atypical Atrial Flutter ○ Unable to Determine
Was Atrial Fibrillation/Flutter the patient's primary diagnosis?	○ Yes	○ No
If no, what was the patient's primary diagnosis?	○ Acute MI ○ COPD ○ CVA/TIA	○ Heart Failure ○ Surgery ○ Other
Were any of the following first detected on this admission?	☐ None ☐ Acute MI ☐ Atherosclerotic Vascular Disease ☐ Coronary Artery Disease ☐ Diabetes ☐ Heart Failure ☐ Hypertension ☐ Liver Disease	☐ Mitral Stenosis ☐ Ischemic Stroke ☐ ICH ☐ TIA
Active bacterial or viral infection at admission or during hospitalization	☐ None/ND ☐ Bacterial Infection ☐ Emerging Infectious Disease ☐ MERS ☐ SARS-COV-1 ☐ SARS-COV-2 (COVID-19) ☐ Other emerging infectious disease	☐ Influenza ☐ Seasonal Cold ☐ Other viral infection
Medications Used Prior to Admission *Select all that apply*	☐ Patient on no meds prior to admission ☐ ACE inhibitor ☐ Aldosterone Antagonist ☐ Alpha Blockers ☐ Angiotensin receptor blocker (ARB) ☐ Antiarrhythmic ☐ amiodarone (Cordarone) ☐ disopyramide (Norpace, Norpace CR) ☐ dofetilide (Tikosyn) ☐ dronedarone (Multaq) ☐ flecainide (Tambocor) ☐ propafenone (Rythmol, Rythmol SR) ☐ quinidine ☐ sotalol (Betapace, Betapace AF) ☐ Other ☐ Anticoagulation Therapy ☐ apixaban (Eliquis) ☐ dabigatran (Pradaxa) ☐ edoxaban (Savaysa) ☐ fondaparinux (Atrixa) ☐ rivaroxaban (Xarelto) ☐ warfarin (Coumadin)) ☐ Other Anticoagulant	☐ Antiplatelet agent ☐ aspirin ☐ clopidogrel (Plavix) ☐ dipyridamole/aspirin (Aggrenox) ☐ effient (Prasugrel) ☐ ticagrelor (Brilinta) ☐ ticlopidine (Ticlid) ☐ Other ☐ Beta Blocker ☐ Ca channel blocker ☐ dihydropyridine (nifedipine) (nicardipine) ☐ non-dihydropyridine (verapamil) (diltiazem) ☐ Digoxin ☐ Diuretic ☐ Hydralazine Nitrate ☐ NSAIDS/COX-2 Inhibitor ☐ Statin

Exam/ Labs at Admission

Presenting symptoms related to AF *Select all that apply*	☐ No reported symptoms ☐ Chest pain/tightness/discomfort ☐ Dyspnea at exertion ☐ Dyspnea at rest ☐ Exercise intolerance ☐ Fatigue ☐ Lightheadedness/dizziness ☐ Palpitations ☐ Syncope Weakness
Initial Vital Signs	Height _________ ☐ inches ☐ cm ☐ Not documented Weight _________ ☐ lbs ☐ kg ☐ Not documented **Heart Rate** _________ bpm ☐ Not documented **BP-Supine** _________/_________ mmHG ☐ Not documented
Initial Presenting Rhythm(s) *Select all that apply*	☐ Atrial Fibrillation ☐ Atrial Flutter ☐ Atrial Tachycardia ☐ Sinus Rhythm ☐ Paced (6) ☐ Other
If paced, underlying Atrial Rhythm	○ Sinus Rhythm ○ Atrial fib/flutter ○ Sinus arrest ○ Unknown
If paced, pacing type:	○ Atrial Pacing ○ Ventricular Pacing ○ Atrioventricular
Automated ECG Interpretation :	○ Yes ○ No
Initial ECG Findings:	**Resting Heart Rate (bpm)**_____ ☐ Not Available **QRS duration (ms)** _______ ☐ Not Available **QTc (ms)** _________ ☐ Not Available **PR interval (ms)** _______ ☐ Not Available
Labs: (closest to arrival)	**Platelet Count** ________________ µL ☐ Not Available **SCr** _________ ○ mg/dL ○ µmol/L ☐ Not Available **PT/INR** _________ ☐ Not Available Hematocrit _________% ☐ Not Available **Hemoglobin** _________ g/dl ☐ Not Available **TSH** _________ µIU/ML ☐ Not Available K _________ ○ mEq/L ○ mmolL ○ mg/dL ☐ Not Available Mg _________ mg/dL ☐ Not Available BUN _________ ○ mg/dL ○ µmol/L ☐ Not Available NT-BNP _________ (pg/mL) ☐ Not Available BNP _________ ○ pg/mL ○ pmol/L ○ ng/L ☐ Not Available

In Hospital

Cardiac Procedures this hospitalization (select all that apply)

- ☐ No Procedures
- ☐ A-Fib Ablation
- ☐ A-Flutter Ablation
- ☐ Bioprosthetic valve
- ☐ Cardioversion
  - ☐ Chemical
  - ☐ Electrical
  - ☐ TEE Guided
- ☐ CRT-D (cardiac resynchronization therapy/ICD)
- ☐ CRT-P (cardiac resynchronization therapy-pacing only)
- ☐ ICD only
- ☐ LAA Occlusion Device
  - ○ Lariat
  - ○ Watchman
  - ○ Surgical closure (clip or oversew)
  - ○ Other
- ☐ Mechanical Prosthetic Heart Valve
- ☐ Pacemaker
- ☐ PCI/Cardiac Catheterization
  - ☐ Bare metal stent
  - ☐ Drug eluting stent

Cardiac Function and Structural Assessment

Echocardiogram Date for left atrial assessement ____/_____/_______ MM/DD/YYYY

EF – Quantitative _________ %

☐ Not available

Obtained: ○ This Admission ○ W/in the last year ○ > 1 year ago

EF – Qualitative

- ☐ Not applicable
- ☐ Normal or mild dysfunction
- ☐ Qualitative moderate/severe dysfunction
- ☐ Performed/results not available
- ☐ Planned after discharge
- ☐ Not performed (6)

Obtained: ○ This Admission ○ W/in the last year ○ > 1 year ago

Left atrial diameter __________(cm) O ND

Left atrial volume _________ (cm) O ND

Left atrial volume index **(mL/m2)** _____ O ND

If Left atrial diameter ND, how was the atrial enlargement described?

- ○ Normal
- ○ Mild enlargement
- ○ Moderate enlargement
- ○ Severe enlargement
- ○ Unknown

Oral Medications during hospitalization (Select all that apply)

- ☐ None
- ☐ Antiarrhythmic
  - ☐ amiodarone (Cordarone)
  - ☐ disopyramide
  - ☐ dofetilide (Tikosyn)
  - ☐ dronedarone (Multaq)
  - ☐ flecainide (Tambocor)
  - ☐ propafenone (Rythmol, Rythmol SR)
  - ☐ quinidine
  - ☐ sotalol (Betapace, Betapace AF)
  - ☐ Other
- ☐ Anticoagulant
  - ☐ apixaban (Eliquis)
  - ☐ dabigatran (Pradaxa)
  - ☐ edoxaban (Savaysa)
  - ☐ rivaroxaban (Xarelto)
  - ☐ warfarin (Coumadin)
- ☐ Antiplatelet agent
  - ☐ aspirin
  - ☐ clopidogrel (Plavix)
  - ☐ dipyridamole/aspirin (Aggrenox)
  - ☐ effient (Prasugrel)
  - ☐ ticagrelor (Brilinta)
  - ☐ ticlopidine (Ticlid)
  - ☐ Other
- ☐ Beta Blocker
- ☐ Ca channel blocker
- ☐ Digoxin

Parenteral In-Hospital Anticoagulation

- ○ Unfractionated Heparin IV
- ○ full dose LMW Heparin
- ○ Other IV Anticoagulant
- ○ None

Health Related Social Needs Assessment		
During this admission, was a standardized health related social needs form or assessment completed?	○ Yes ○ No/ND	
If yes, identify the areas of unmet social need. (Select all that apply)	☐ None of the areas of unmet social need listed ☐ Education ☐ Employment ☐ Financial Strain ☐ Food	☐ Living Situation / Housing ☐ Mental Health ☐ Personal Safety ☐ Substance Use ☐ Transportation Barriers ☐ Utilities
CHA2DS2-VASc reported? ○ Yes ○ No ○ NA		
CHA2DS2-VASc Total reported score:		
Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not assessing risk factors:	○ Yes ○ No	

Ablation

Pre-Ablation Diagnosis and Evaluation

Indication for ablation:

- ○ First-line therapy for longstanding persistent AF
- ○ First-line therapy in paroxysmal AF before antiarrhythmic therapy
- ○ First-line therapy in persistent AF before antiarrhythmic therapy
- ○ Long-standing persistent AF that has failed ≥1 antiarrhythmic drug
- ○ Paroxysmal AF that is refractory or intolerant to ≥1 antiarrhythmic drugs
- ○ Persistent AF that is refractory or intolerant to ≥1 antiarrhythmic drug
- ○ Other (left atrial flutter, left atrial tachycardia, etc.)

Modified EHRA Symptoms Score:

- ○ I – No symptoms
- ○ IIA – Mild symptoms (Normal daily activity not affected and symptoms not considered troublesome by patient)
- ○ IIB – Moderate symptoms (Normal daily activity not affected but patient troubled by symptoms)
- ○ III - Severe symptoms (Normal daily activity affected)
- ○ IV – Disabling symptoms (Normal daily activity discontinued)
- ○ ND

Baseline Rhythm

O Atrial fibrillation O Atrial flutter, typical right O Atrial flutter, atypical
O Sinus rhythm O Other (specify) _
O Unknown/ND

Did the patient have prior ablations for atrial fibrillation (do not count ablations for other arrhythmias): O 0 (no prior AF ablation) O 1 O 2 O ≥ 3

What was the peri-procedural anticoagulation strategy?

- ○ Bridging anticoagulation strategy
  - ○ bivalirudin
  - ○ LMWH
  - ○ Unfractioned heparin
  - ○ Other
- ○ Interrupted anticoagulation strategy
  - ○ apixaban
    - o More than one dose held
  - ○ dabigatran
    - o More than one dose held
  - ○ edoxaban
    - o More than one dose held
  - ○ rivaroxaban
    - o More than one dose held
  - ○ warfarin
    - ○ More than one dose held
- ○ Uninterrupted anticoagulation strategy
  - ○ apixaban
  - ○ dabigatran
  - ○ edoxaban
  - ○ rivaroxaban
  - ○ warfarin

  pre-procedure INR ________
- ○ None

What was the primary intraprocedural parenteral anticoagulant used?

- ○ Bivalirudin
- ○ Heparin
- ○ Other ________________
- ○ None, Reason for not prescribing (check all that apply):
  - ☐ Major bleeding event
  - ☐ Minor bleeding event
  - ☐ Risk of bleeding

Anesthesia used during the procedure:	○ General anesthesia with endotracheal tube intubation ○ General anesthesia with JET or high frequency ventilation ○ General anesthesia with laryngeal mask airway ○ IV conscious sedation without intubation or mechanical airway ○ Other ○ Unable to determine
Type of Ablation Procedure	○ Percutaneous catheter ablation ○ Surgical ablation ○ Hybrid approach (surgical and percutaneous) ○ Other ____________
Epicardial access was attempted:	☐
Imaging/mapping used: (check all that apply):	☐ 3D electroanatomic mapping ☐ Intracardiac echocardiography (ICE) ☐ Intraoperative TEE ☐ Preprocedure CT ☐ Preprocedure MRI ☐ Preprocedure TEE ☐ Rotational angiography
Trans-septal approach used for the ablation procedure:	○ Brockenbrough/mechanical needle ○ Radiofrequency needle ○ SafeSept (wire needle) ○ Other, such as entry through patent foramen ovale ○ Trans-septal method not utilized
Was an Atrial Septal Closure Device Present	○ Yes ○ No
Procedure Date and Time:	Date (MM/DD/YYYY): ____/_____/_______ Total Procedure Time _ _:_ _(MM:SS) Total Ablation time: _ _:_ _(MM:SS) Total Fluoroscopy time: _ _:_ _ (MM:SS) Total Fluoroscopy Dose: _________ o mGy/cm² o mGy
Procedure Operator NPI	
Energy and catheter type used (check all that apply):	☐ A-Fib Ablation ☐ Cryoablation balloon ☐ Electroporation ☐ Irrigated RFA with contact force sensing ☐ Irrigated RFA without contact force sensing ☐ Laser balloon ☐ Radiofrequency balloon ☐ Other ______________ ☐ A-Flutter Ablation ☐ Cryoablation balloon ☐ Electroporation ☐ Irrigated RFA with contact force sensing ☐ Irrigated RFA without contact force sensing ☐ Laser balloon ☐ Radiofrequency balloon ☐ Other ______________

Ablation Approach (Check all that apply)	☐ Left superior PV isolation attempted Technique: ο Circumferential ο Segmental Outcome: ☐ Entrance Block ☐ Exit Block ☐ First Pass Isolation ☐ Left inferior PV isolation attempted Technique: ο Circumferential ο Segmental Outcome: ☐ Entrance Block ☐ Exit Block ☐ First Pass Isolation ☐ Right superior PV isolation was attempted Technique: ο Circumferential ο Segmental Outcome: ☐ Entrance Block ☐ Exit Block ☐ First Pass Isolation ☐ Right inferior PV isolation was attempted Technique: ο Circumferential ο Segmental Outcome: ☐ Entrance Block ☐ Exit Block ☐ First Pass Isolation ☐ Right Middle PV isolation was attempted Technique: ο Circumferential ο Segmental Outcome: ☐ Entrance Block ☐ Exit Block ☐ First Pass Isolation
Lines and Additional Strategies (Check all that apply):	☐ Anterior Lateral Mitral Isthmus Line (Left Superior to Mitral Annulus) Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ Complex Fractionated Atrial Electrogram (CFAE Ablation) Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ CTI Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ Inferolateral Mitral Isthmus Line (left Inferior to Mitral Annulus) Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ LA Appendage Isolation Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ LA Floor (low posterior line) Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ LA Roofline Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ Posterior Wall Isolation Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ Superior Septal Mitral Isthmus Line (Right Superior to Mitral Annulus) Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ SVC Isolation Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved ☐ Targeted Ganglia Ablation Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: ○ Block achieved or demonstrated ○ Block not achieved

Non-Pulmonary Vein Triggers (Check all that apply):	☐ Accessory Pathway Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ AVNRT Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Coronary Sinus Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Crista Terminalis Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Eustachian Ridge Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ LA appendage Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Left side of intra atrial septum Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Ligament of Marshall Indication: ☐ Empiric ☐ Triggers AF ☐Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Mitral Valve Annulus Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Posterior Wall Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Right Atrial Appendage Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Right side of intra atrial septum Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Superior Vena Cava Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Tricuspid Valve annulus Indication: ☐Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested ☐ Other (specify) ___________ Indication: ☐ Empiric ☐ Triggers AF ☐ Frequent APDs ☐ Atrial Tachycardia Trigger Eliminated: ○ Yes ○ No ○ Not tested

Phrenic Nerve Strategy	○ Phrenic Nerve Pacing Not Done ○ Course of Phrenic Nerve Delineated with Pacing ○ 10 ○ 20 ○ 50
Phrenic Nerve Outcome:	○ No Capture ○ Capture ○ Phrenic Nerve Sites of Capture Avoided ○ Lesions placed at sites of capture during phrenic pacing
Radiofrequency delivery strategy	○ Point by Point ○ Drag Technique ○ Other
Energy	High Power Anterior (watts) _________ High power duration (seconds) _________ Low Power Posterior (watts) _________ Low power duration (seconds) _________
Lesion Index Used	Anterior Target _______________ Posterior Target ___________ ☐ N/A
Esophageal Protection Strategies (select all that apply)	☐ Esophageal Cooling ☐ Esophageal Deviation Performed ☐ Esophageal Temp Probe ○ One sensor ○ Multi-sensor ☐ No Strategy Utilized
Scar Assessment:	○ Not assessed ○ Assessed ○ Voltage cutoff ○ 0.2 ○ 0.5 ○ Not noted ○ Scar not present ○ Scar present (select all locations that apply) Location: ☐ LA posterior wall ☐ LA Roofline ☐ LA Septum ☐ RA Free Wall ☐ RA Septum ☐ Other
Provocation testing (Check all that apply):	☐ Adenosine ○ Heart Block not achieved ○ Heart Block achieved ○ Left pulmonary vein reconnection ○ Right pulmonary vein reconnection ○ Triggers noted (NPV) ○ No reconnection or triggers noted ☐ Burst pacing ○ AF induced ○ AF not induced ☐ Isoproterenol ○ A-Fib NPVT noted ○ APDs observed ○ A-Tach or A-Flutter induced ○ Left pulmonary vein reconnection ○ Right pulmonary vein reconnection Maximum Dose: _________ ☐ Response to cardioversion of induced A-Fib ○ No ERAF ○ On Isuprel ○ Off Isuprel ○ ERAF ○ On Isuprel ○ Off Isuprel ○ Other ☐ Provocation Testing Not Done
Did cardioversion occur?	○ Yes ○ No ○ Electrical ○ Pharmacological ○ During ablation lesion delivery

Post ablation rhythm:	○ Atrial fibrillation ○ Atrial flutter, atypical ○ Other (specify) ______________________________ ○ Unknown/ND	○ Atrial flutter, typical right ○ Sinus rhythm
Complications noted during and post-procedure:	○ Yes ○ No	
If yes, Check all that apply:	☐ Air embolus ☐ Atrioesophageal fistula Aspiration ☐ AV fistula ☐ Requiring surgical repair ☐ Complication from anesthesia ☐ Death ☐ Deep venous thrombosis ☐ Gastroporesis ☐ Hematoma ☐ Hemopericardium (check all that apply): ☐ Tamponade ☐ Pericardiocentesis ☐ Requiring surgical drainage and/or repair	☐ Hemorrhage requiring transfusion ☐ Phrenic nerve injury ☐ Pseudo aneurysm ☐ Requiring surgical repair ☐ Pulmonary embolism ☐ PV stenosis ☐ Retroperitoneal bleed ☐ Stiff LA Syndrome ☐ Stroke ☐ Transient ischemic attack ☐ Urinary tract infection ☐ Volume overload/pulmonary edema) ☐ Other (specify) ________________

Discharge

Discharge Information

Discharge Date/Time	___/___/_____ ___:____ MM/DD/YYYY or MM/DD/YYYY HH:MM
What was the patient's discharge disposition on the day of discharge?	1 – Home 2 – Hospice – Home 3 – Hospice – Health Care Facility 4 – Acute Care Facility 5 – Other Health Care Facility 6 – Expired 7 – Left Against Medical Advice/AMA 8 – Not Documented or Unable to Determine (UTD)
If Other Health Care Facility	○ Skilled Nursing Facility (SNF) ○ Inpatient Rehabilitation Facility (IRF) ○ Long Term Care Hospital (LTCH) ○ Intermediate Care facility (ICF) ○ Other
When is the earliest physician/APN/PA documentation of comfort measures only?	○ Day 0 or 1 ○ Day 2 or after ○ Timing unclear ○ Not Documented/UTD
Patient is currently enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. AFib, STK, VTE)?	○ Yes ○ No
Vital Signs (closest to discharge) — **BP-Supine**	__________ / __________ mmHg (systolic/diastolic) ☐ Not documented
Heart Rate	__________ bpm ☐ Not documented
Reason documented by a physician, nurse practitioner, or physician assistant for discharging patient with heart rate >110 bpm?	○ Yes ○ No
Discharge Rhythm(s) (closest to discharge)	☐ Atrial Fibrillation ☐ Atrial Flutter ☐ Atrial Tachycardia ☐ Sinus Rhythm ☐ Paced ☐ Other
ECG findings (closest to discharge):	**Resting Heart Rate** (bpm)______ ☐ Not Available **QRS duration** (ms) __________ ☐ Not Available **QTc** (ms) ___________ ☐ Not Available **PR interval** (ms) ________ ☐ Not Available
Discharge ECG QRS Morphology	○ Normal ○ RBBB ○ LBBB ○ NS-IVCD ○ Not Available

Labs (closest to discharge)			
Platelet Count	____________________ µL		☐ Not Available
SCr	_________	○ mg/dL ○ µmol/L	☐ Not Available
Estimated Creatinine Clearance	_________ mL/min		☐ Not Available
INR	_________		☐ Not Available

Discharge Medications

ACEI Prescribed?	○ Yes ○ No ○ NC
If Yes	Medication: Dosage: Frequency:
ARB Prescribed?	○ Yes ○ No ○ NC
If Yes	Medication: Dosage: Frequency:

Aldosterone Antagonist Prescribed?	○ Yes ○No ○NC
If Yes	Medication: Dosage: Frequency:
Antiarrhythmic Prescribed?	○ Yes ○No ○NC
If Yes	**Medication** : Dosage: Frequency: Medication : Dosage: Frequency:
ARNI Prescribed?	○ Yes ○No ○NC
If Yes	Medication: Dosage: Frequency:
Contraindications or Other Documented Reason(s) For Not Providing ARNI:	☐ ACE inhibitor use within the prior 36 hours ☐ Allergy ☐ Hyperkalemia ☐ Hypotension ☐ Other medical reasons ☐ Patient Reason ☐ Renal dysfunction defined as creatinine > 2.5 mg/dL in men or > 2.0 mg/dL in women ☐ System Reason
Reasons for not switching to ARNI at discharge	○ Yes ○ No ○ ARNI was prescribed at discharge
Reason ARNI not prescribed:	☐ New onset heart failure ☐ NYHA Class I ☐ NYHA Class IV ☐ Not previously tolerating ACEI or ARB
Anticoagulation Therapy Prescribed?	○ Yes ○No ○NC
If Yes	Class: Medication: Dosage: Frequency:
Are there any relative or absolute contraindications to oral anticoagulant therapy? (Check all that apply)	☐ Allergy ☐ Bleeding Event ☐ Cardiac Surgery ☐ Comorbid illness (e.g. renal/liver) ☐ Current pregnancy ☐ Frequent falls/frailty ☐ High bleeding risk ☐ Need for dual antiplatelet therapy ☐ Occupational risk ☐ Patient refusal/preference ☐ Physician preference ☐ Prior intracranial hemorrhage ☐ Recent operation ☐ Transient or reversible causes of atrial fibrillation ☐ Unable to adhere/monitor
Antiplatelet(s) Prescribed?	○ Yes ○No ○NC
If Yes	Medication : Dosage: Frequency: Medication : Dosage: Frequency:

Are there any relative or absolute contraindications to oral antiplatelet therapy? (Check all that apply)	☐ Allergy ☐ Bleeding Event ☐ Cardiac Surgery ☐ Comorbid illness (e.g. renal/liver) ☐ Current pregnancy ☐ Frequent falls/frailty ☐ High bleeding risk ☐ Occupational risk ☐ Patient refusal/preference ☐ Physician preference ☐ Prior intracranial hemorrhage ☐ Recent operation ☐ Transient or reversible causes of atrial fibrillation ☐ Unable to adhere/monitor
Beta Blocker Prescribed?	○ Yes ○ No ○ NC
If Yes	Medication: Dosage: Frequency:
Ca Channel Blocker Prescribed?	○ Yes ○ No ○ NC
If Yes	Medication: Dosage: Frequency:
Digoxin Prescribed?	○ Yes ○ No ○ NC
If Yes	Dosage: Frequency:
Statin Prescribed?	○ Yes ○ No ○ NC
Hydralazine Nitrate Prescribed?	○ Yes ○ No ○ NC
Other Medications at Discharge	☐ Diuretic ☐ NSAIDS/COX-2 Inhibitor ☐ PCSK-9 Inhibitor
Discharge Instructions	
Smoking Cessation Counseling Given	○ Yes ○ No
Rhythm Control/Rate Control Strategy Planned/Intended	○ Rhythm Control Strategy Planned ○ Rate Control Strategy Planned ○ No Documentation of Strategy
Patient and/or caregiver received education and/or resource materials regarding all the following:	**Risk factors** ○ Yes ○ No **Stroke Risk** ○ Yes ○ No **Management** ○ Yes ○ No **Medication Adherence** ○ Yes ○ No **Follow-up** ○ Yes ○ No **When to call provider** ○ Yes ○ No
Anticoagulation Therapy Education Given:	○ Yes ○ No
PT/INR Planned Follow-up	○ Yes ○ No
Who will be following patients PT/INR?	○ Home INR Monitoring ○ Anticoagulation Warfarin Clinic ○ Managed by Physician associated with hospital ○ Managed by outside physician ○ Not documented
Date of PT/INR test planned post discharge:	____/____/______ ☐ Not documented
System Reason for no PT/INR Planned Follow-up?	○ Yes ○ No

Risk Interventions				
TLC (Therapeutic Lifestyle Change) Diet	○ Yes	○ No	○ Not Documented	○ Not Applicable
Obesity Weight Management	○ Yes	○ No	○ Not Documented	○ Not Applicable
Activity Level/Recommendation	○ Yes	○ No	○ Not Documented	○ Not Applicable
Screening for obstructive sleep apnea	○ Yes	○ No	○ Not Documented	○ Not Applicable
Referral for evaluation of obstructive sleep apnea if positive screen	○ Yes	○ No	○ Not Documented	○ Not Applicable
Discharge medication instruction provided	○ Yes	○ No	○ Not Documented	○ Not Applicable

Clinical Codes and Risk Scores	
ICD-10-CM Principal Diagnosis Code	
ICD-10-CM Other Diagnoses Codes	
ICD-10-PCS Principal Procedure Code	
ICD-10-PCS Other Procedure Codes	
CPT Code	
CPT Code Date	