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<th>Legend: Elements in bold are required</th>
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<tbody>
<tr>
<td><strong>ARRIVAL AND ADMISSION INFORMATION</strong></td>
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<td>Internal Tracking ID:</td>
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</tr>
<tr>
<td>Arrival Date and Time:</td>
<td>MM/DD/YYYY only</td>
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<td><strong>Point of Origin for Admission or Visit:</strong></td>
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<tr>
<td></td>
<td>1 Non-Health Care Facility Point of Origin</td>
</tr>
<tr>
<td></td>
<td>2 Clinic</td>
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<td>4 Transfer From a Hospital (Different Facility)</td>
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<td>5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)</td>
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<td>9 Information not available</td>
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<td></td>
<td>F Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program</td>
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</table>

| Was patient admitted as inpatient? | Yes | No |

| If not admitted, reason:          | Discharged from Observation Status | Discharged from the ED |

<table>
<thead>
<tr>
<th><strong>DEMOGRAPHIC DATA</strong></th>
<th>Gender: Male</th>
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<th>Unknown</th>
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<tr>
<td>Date of Birth:</td>
<td><strong><strong>/</strong></strong>/____</td>
<td>Male</td>
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<td>Cuban</td>
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<tr>
<td></td>
<td>Another Hispanic, Latino or Spanish Origin</td>
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| Payment Source:                  | Medicaid (Title 19) | No Insurance/Not Documented/UTD |
|                                 | Medicare (Title 18) | |
|                                 | Medicare – Private/HMO/Other | Private/HMO/Other |

| Patient Postal Code:             | __________ - _______ |
## Medical History

**Medical History (select all that apply)**
- None
- Alcohol use/dependence >20 units/week
- Anemia
- Bioprosthetic valve
- Cancer
- Cardiac transplantation
- Cardiomyopathy
  - Ischemic
  - Non-Ischemic
- Carotid Disease (clinically diagnosed)
- Cognitive impairment
- COPD
- Coronary Artery Disease
- CRT-D (cardiac resynchronization therapy w/ICD)
- CRT-P (cardiac resynchronization therapy-pacing only)
  - CVA/TIA
  - Ischemic Stroke
  - ICH
  - TIA
- Depression
- Diabetes
- Dialysis
- Illicit Drug Use
- Family History of AF
- Heart failure
- Hypertension History
  - Uncontrolled, >160 mmHg systolic
- ICD only
- LAA Occlusion Device
  - Lariat
  - Watchman
  - Other
  - Surgical closure (clip or oversew)
- 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, transplant, Cr >2.6 mg/dL or >200 µmol/L)
- Rheumatic Heart Disease
- Sinus Node Dysfunction/Sick Sinus Syndrome
- Smoker
- Thyroid Disease
  - Hyperthyroidism
  - Hypothyroidism

### Other Risk Factors

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 Major Bleeding or Predisposition to Bleeding (bleeding diathesis, anemia, etc.)?
- Yes
- No
- Unable to determine from the information available in the medical record

### Prior AF Procedures:

- None
- Cardioversion
- Ablation
- AF Surgery (Surgical MAZE)

## Diagnosis

### Atrial Arrhythmia Type:

- **Atrial Fibrillation**
  - First Detected Atrial Fibrillation
  - Paroxysmal Atrial Fibrillation
  - Persistent Atrial Fibrillation
  - Permanent/long standing Persistent Atrial Fibrillation
  - Unable to Determine
- **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
- CVA/TIA
- Surgery
- COPD
- Heart Failure
- Other

### Were any of the following first detected on this admission?

- None
- Acute MI
- Coronary Artery Disease
- Diabetes
- Heart Failure
- Liver Disease
- Mitral Stenosis
- Atherosclerotic Vascular Disease
- Ischemic Stroke
- ICH
- TIA
### Medications at Admission

- Patient on no meds prior to admission
- ACE inhibitor
- Aldosterone Antagonist
- Alpha Blockers
- Angiotensin receptor blocker (ARB)
- Antiarrhythmic
  - Amiodarone
  - Disopyramide
  - Dofetilide
  - Dronedarone
  - Flecaïnide
  - Propafenone
  - Quinidine
  - Sotalol
  - Other
- Anticoagulation Therapy
  - Apixaban (Eliquis)
  - argatroban
  - dabigatran (Pradaxa)
  - desirudin (Iprivask)
  - edoxaban (Savaysa)
  - Fondaparinux (Arixtra)
  - lepirudin (Refudlan)
  - rivaroxaban (Xarelto)
  - Warfarin (Coumadin)
  - Other Anticoagulant

### Exam/Labs at Admission

**Presenting symptoms related to AF**

- No reported symptoms
- Chest pain/tightness/discomfort
- Dyspnea at rest
- Palpitations
- Weakness
- Fatigue
- Dyspnea at exertion
- Exercise intolerance
- Lightheadedness/dizziness
- Syncope

### Initial Vital Signs

- **Height**: ________ inches / cm
- **Weight**: ________ lbs / kg
- **BMI**: ________ (automatically calculated)
- **Heart Rate**: ________ bpm
- **BP-Supine**: ________ / ________ mmHg (systolic/diastolic)

**Initial Presenting Rhythm(s)**

- Atrial Fibrillation
- Sinus Rhythm
- Paced
- Atrial Flutter
- Atrial Tachycardia
- Other

**If paced, underlying Atrial Rhythm**

- Sinus Rhythm
- Atrial fibr/flutter
- Sinus arrest
- Unknown

**If paced, pacing type**

- Atrial Pacing
- Ventricular Pacing
- Atrioventricular
<table>
<thead>
<tr>
<th>Automated ECG</th>
<th>□ Yes □ No</th>
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<tbody>
<tr>
<td>Initial EKG findings:</td>
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<tr>
<td>Resting Heart Rate (bpm)</td>
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<tr>
<td>QTc (ms)</td>
<td>□ Not Available</td>
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<tr>
<td>QRS duration (ms)</td>
<td>□ Not Available</td>
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<tr>
<td>PR interval (ms)</td>
<td>□ Not Available</td>
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<table>
<thead>
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### IN-HOSPITAL CARE

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<td>A-Flutter Ablation</td>
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<td>Radio Frequency Ablation</td>
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<td>Bioprosthesis valve</td>
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<td>Cardioversion</td>
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<td>Lariat</td>
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<td>Watchman</td>
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<td>Surgical closure (clip or oversew)</td>
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<td>Other</td>
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<td>Drug eluting stent</td>
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</tr>
<tr>
<td></td>
<td>Surgical MAZE</td>
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</table>

### 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

### Oral Medications during hospitalization (Select all that apply)

- None
- Antiarrhythmic
- Amiodarone
- Disopyramide
- Dofetilide
- Dronedarone
- Flecaïnide
- Propafenone
- Quinidine
- Sotalol
- Other
- Anticoagulant
- Warfarin
- Dabigatran
- Rivaroxaban
- Apixaban
- Edoxaban
- Antiplatelet agent (not aspirin)
- Aggrenox (Dipyridamole)
- Brilinta (Ticagrelor)
- Clopidogrel
- Prasugrel (Effient)
- Ticlid (Ticlopidine)
- Other
- Aspirin
- Beta Blocker
- Ca channel blocker
- Digoxin

### Parenteral In-Hospital Anticoagulation

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

### CHA2DS2-VASc reported?

- Yes
- No

If yes, total reported score in medical record: _______

### CHADS2-VASc Risk Factors Assessed

- All were assessed

Prior stroke or TIA assessed: Yes No
Age ≥ 65 years assessed: Yes No
Hypertension assessed: Yes No
Diabetes mellitus assessed: Yes No

HF or impaired LV systolic function assessed: Yes No
Vascular disease hx assessed: Yes No
Female gender assessed: Yes No

Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not assessing risk factors:

- Yes
- No

---

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For questions, call 888-526-6700

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### CHADS2-VASc Score Calculator:
- Congestive Heart Failure
- Hypertension (blood pressure consistently above 140/90 or treated with hypertension medication)
- Age ≥ 75
- Age 65-74
- Diabetes
- Prior stroke/TIA/Thromboembolism
- Vascular Disease History (CAD, Prior MI, or PAD)
- Female Gender


**DISCHARGE INFORMATION**

Discharge Date/Time: ___/___/_______ ___:___ □ MM/DD/YYYY only

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 Advise/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

**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
- Sinus Rhythm
- Atrial Tachycardia
- Paced
- Other

**EKG 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 EKG QRS Morphology

- Normal
- RBBB
- LBBB
- NS-IVCD
- Not Available

**Labs** (closest to discharge)

- Platelet Count: _________ mm$^3$ □ Not Available
- SCr: _________ □ mg/dL □ µmol/L □ Not Available
- Estimated Creatinine Clearance: _________ mL/min (auto-calculated)
- INR: _________ □ Not Available

**DISCHARGE MEDICATIONS**

ACEI

- Prescribed? □ Yes □ No
- If yes, Medication:
- Contraindicated? □ Yes □ No
- Dosage:
- Frequency:

ARB

- Prescribed? □ Yes □ No
- If yes, Medication:
- Contraindicated? □ Yes □ No
- Dosage:
- Frequency:

Aldosterone Antagonist

- Prescribed? □ Yes □ No
- If yes, Medication:
- Contraindicated? □ Yes □ No
- Dosage:
- Frequency:
### Antiarrhythmic

<table>
<thead>
<tr>
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<tr>
<td>Medication:</td>
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<td>Dosage:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency:</td>
<td></td>
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</tr>
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</table>

**Were Dofetilide or Sotalol newly initiated or dose increased this hospitalization?**
- Yes
- No

**If yes, was a QT interval documented after 5 doses and prior to discharge?**
- Yes
- No
- NA

### ARNI

<table>
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<tr>
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<tr>
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<td>Dosage:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

- New onset heart failure
- NYHA Class I
- NYHA Class IV
- Not previously tolerating ACEI or ARB

### Anticoagulation Therapy

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>If yes,</td>
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<td>Dosage:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency:</td>
<td></td>
<td></td>
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</tbody>
</table>

**Are there any relative or absolute contraindications to oral anticoagulant therapy? (Check all that apply):**
- Allergy
- Comorbid illness (e.g. renal/liver)
- Frequent falls/frailty
- Need for dual antiplatelet therapy
- Patient refusal/preference
- Prior intracranial hemorrhage pregnancy
- Transient or reversible causes of atrial fibrillation
- Cardiac Surgery
- Bleeding Event
- Current pregnancy
- High bleeding risk
- Occupational risk
- Physician preference
- Recent operation
- Unable to adhere/monitor

### Antiplatelet(s)

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>If yes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication:</td>
<td></td>
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<tr>
<td>Dosage:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contraindicated?**
- Yes
- No
### Are there any relative or absolute contraindications to oral antiplatelet(s) therapy? (Check all that apply)

- Allergy
- Bleeding Event
- 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
- Cardiac Surgery
- Unable to adhere/monitor

### Aspirin

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<tr>
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<th>No</th>
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<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

**Dosage:**
- Yes
- No

**Frequency:**
- Yes
- No

### Beta Blocker

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Medication:**
- Yes
- No

**Dosage:**
- Yes
- No

**Frequency:**
- Yes
- No

### Calcium Channel Blocker

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Medication:**
- Yes
- No

**Dosage:**
- Yes
- No

**Frequency:**
- Yes
- No

### Digoxin

<table>
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<tr>
<th>Prescribed?</th>
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<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Dosage:**
- Yes
- No

**Frequency:**
- Yes
- No

### Statin Therapy

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<th>Prescribed?</th>
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</thead>
<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
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### Hydralazine Nitrate

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</thead>
<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Other Medications at Discharge

- Diuretic
- NSAIDS/COX-2 Inhibitor

### RISK INTERVENTIONS

- 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
<table>
<thead>
<tr>
<th>Patient and/or caregiver received education and/or resource materials regarding all of the following:</th>
<th>☐ All were addressed <em>(Check all yes)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk factors</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Stroke Risk Management</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Medication Adherence Follow-up</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>When to call provider</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anticoagulation Therapy Education Given:</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PT/INR Planned Follow-up</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Who will be following patients PT/INR?</th>
<th>☐ Home INR Monitoring ☐ Anticoagulation Warfarin Clinic ☐ Managed by Physician associated with hospital ☐ Managed by outside physician ☐ Not documented</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of PT/INR test planned post discharge:</th>
<th><em><strong>/</strong></em>/______ ☐ Not documented</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>System Reason for no PT/INR Planned Followup?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TLC (Therapeutic Lifestyle Change) Diet</th>
<th>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Obesity Weight Management</th>
<th>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Activity Level/Recommendation</th>
<th>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Screening for obstructive sleep apnea</th>
<th>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Referral for evaluation of obstructive sleep apnea if positive screen</th>
<th>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Discharge medication instruction provided</th>
<th>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</th>
</tr>
</thead>
</table>
### Optional Fields

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
<th>Field 3</th>
<th>Field 4</th>
<th>Field 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 6</td>
<td>Field 7</td>
<td>Field 8</td>
<td>Field 9</td>
<td>Field 10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field 11</th>
<th>Field 12</th>
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</thead>
</table>

**Additional Comments**

### Admin

**ICD-9 or ICD-10-CM Principal Diagnosis Code**

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>5.</td>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
<td>8.</td>
<td>9.</td>
</tr>
<tr>
<td>10.</td>
<td>11.</td>
<td>12.</td>
</tr>
<tr>
<td>16.</td>
<td>17.</td>
<td>18.</td>
</tr>
<tr>
<td>19.</td>
<td>20.</td>
<td>21.</td>
</tr>
<tr>
<td>22.</td>
<td>23.</td>
<td>24.</td>
</tr>
</tbody>
</table>

**ICD-9 or ICD-10-CM Other Diagnoses Codes**

**ICD-9 or ICD-10-PCS Principal Procedure Code**

<table>
<thead>
<tr>
<th>1.</th>
<th>Date: <em><strong>/</strong></em>/____</th>
<th>Date UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Date: <em><strong>/</strong></em>/____</td>
<td>Date UTD</td>
</tr>
<tr>
<td>3.</td>
<td>Date: <em><strong>/</strong></em>/____</td>
<td>Date UTD</td>
</tr>
<tr>
<td>4.</td>
<td>Date: <em><strong>/</strong></em>/____</td>
<td>Date UTD</td>
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<tr>
<td>5.</td>
<td>Date: <em><strong>/</strong></em>/____</td>
<td>Date UTD</td>
</tr>
</tbody>
</table>

**ICD-9 or ICD-10-PCS Other Procedure Codes**

**CPT Code**

**CPT Code Date**

| ___/___/____ | Unknown |

**Was this Case Sampled?**

| Yes | No |

**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 |
**OTHER RISK SCORES**

**DISCLAIMER:** These tools (ATRIA and HAS-BLED) are presented for informational purposes only and not as an endorsement of their use in clinical decision making. Many of the same risk factors for warfarin-related hemorrhage are also risk factors for AF-associated ischemic stroke. The use of these tools as an exclusion for anticoagulation is not part of AHA/ACC guideline-recommended care for patients with AF. Additionally, some of the component elements in the HAS-BLED score, such as Labile INR and Prior Major Bleeding or Pre-Disposition to Bleeding may be difficult to reliably ascertain from the information available in the health record. The HASBLED score should be interpreted with this in mind.

<table>
<thead>
<tr>
<th>ATRIA Risk Score</th>
<th>HAS-BLED Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Age ≥ 75 years</td>
<td>□ Hypertension History (uncontrolled, &gt;160 mmHg systolic)</td>
</tr>
<tr>
<td>□ Anemia (Defined as Hemoglobin &lt; 13 g/dL in men and &lt; 12 g/dL in women)</td>
<td>□ Renal Disease (Dialysis, transplant, Cr &gt;2.6 mg/dL or &gt;200 µmol/L)</td>
</tr>
<tr>
<td>□ Severe Renal Disease (defined as a GFR &lt; 30ml/min or on dialysis)</td>
<td>□ Liver Disease (Chronic Hepatic Disease, including (e.g.) Cirrhosis, Bilirubin &gt;2x Normal, AST/ALT/AP &gt;3x Normal)</td>
</tr>
<tr>
<td>□ History of Hypertension</td>
<td>□ Stroke History</td>
</tr>
<tr>
<td>□ Prior hemorrhage (intracranial, gastrointestinal, other hemorrhage)</td>
<td>□ Prior Major Bleeding or Predisposition to Bleeding (bleeding diathesis, anemia, etc.)</td>
</tr>
<tr>
<td></td>
<td>□ Labile INR (Unstable/high INRs or time in therapeutic range &lt;60%) □ Age &gt; 65</td>
</tr>
<tr>
<td></td>
<td>□ Medication Usage Predisposing to Bleeding (Antiplatelet agents, NSAIDs)</td>
</tr>
<tr>
<td></td>
<td>□ Alcohol Usage History (&gt;20 units per week)</td>
</tr>
</tbody>
</table>
