**Patient ID:**

**ARRIVAL AND ADMISSION INFORMATION**

- **Internal Tracking ID:**
- **Arrival Date and Time:** __/__/______   __: __
- **Admit Date:** __/__/______

**Point of Origin for Admission or Visit:**

- O 1 Non-Health Care Facility Point of Origin
- O 2 Clinic
- O 4 Transfer From a Hospital (Different Facility)
- O 5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- O 6 Transfer from another Health Care Facility
- O 7 Emergency room
- O 9 Information not available
- O F Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program

**Was patient admitted as inpatient?** O Yes O No

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

**DEMOGRAPHIC DATA**

**Date of Birth:** __/__/______

- O American Indian or Alaska Native
- O Asian
- O Asian Indian
- O Chinese
- O Filipino
- O Japanese
- O Korean
- O Vietnamese
- O Other Asian
- O Black or African American Native Hawaiian or Pacific Islander
- O Native Hawaiian
- O Guamanian or Chamorro
- O Samoan
- O Other Pacific Islander

**Gender:** O Male O Female O Unknown

**Hispanic Ethnicity:** O Yes O No/UTD

If yes,
- O Mexican, Mexican American, Chicano/a
- O Puerto Rican
- O Cuban
- O Another Hispanic, Latino or Spanish Origin

**Payment Source:**
- O Medicaid (Title 19)
- O Medicare (Title 18)
- O Medicare – Private/HMO/Other
- O No Insurance/Not Documented/UTD
- O Private/HMO/Other

**Patient Postal Code:** _______ - _______
### 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**
  - 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
- Coronary Artery Disease
- Diabetes
- Heart Failure
- Liver Disease
- Mitral Stenosis
- Vascular Disease
- Ischemic Stroke
- ICH
- TIA

### MEDICATIONS AT ADMISSION
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
  - Disopyramide
  - Dofetilide
  - Dronedarone
  - Flecainide
  - Propafenone
  - Quinidine
  - Sotalol
  - Other
- Anticoagulation Therapy
  - Apixaban (Eliquis)
  - argatroban
  - dabigatran (Pradaxa)
  - desirudin (Iprivask)
  - edoxaban (Savaysa)
  - Fondaparinux (Atrixa)
  - lepirudin (Refludan)
  - rivaroxaban (Xarelto)
  - Warfarin (Coumadin)
  - Other Anticoagulant
- Antiplatelet agent (not aspirin)
  - Aggrenox (Dipyridamole)
  - Brilinta (Ticagrelor)
  - Clopidogrel
  - Prasugrel (Effient)
  - Ticlid (Ticlopidine)
  - Other
- Aspirin
- Beta Blocker
- Ca channel blocker
  - Dihydropyridine
  - Non-dihydropyridine
- Diuretic
- Hydralazine
- 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
- Exercise intolerance
- Palpitations
- Dyspnea at exertion
- Fatigue
- Syncope
- Lightheadedness/dizziness
- Weakness

Initial Vital Signs

| Height | _________ O inches O cm | Not documented |
| Weight | _________ O lbs O kg | Not documented |
| BMI | _________ (automatically calculated) |
| Heart Rate | _________ bpm | Not documented |
| BP-Supine | _________ / _________ mmHg (systolic/diastolic) | Not documented |

Initial Presenting Rhythm(s)
Select all that apply

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

If paced, underlying Atrial Rhythm

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

If paced, pacing type:

- O Atrial Pacing
- O Ventricular Pacing
- O Atrioventricular

Automated ECG

- O Yes
- O No

Initial EKG findings:

- Resting Heart Rate (bpm) _________ Not Available
- QRS duration (ms) _________ Not Available
- QTc (ms) _________ Not Available
- PR interval (ms) _________ Not Available

Labs: (closest to admission)

- Platelet Count _________ mm$^3$ Available
- SCr _________ O mg/dL O µmol/L Not Available
- Estimated Creatinine Clearance _________ mL/min (auto-calculated)
- PT/INR _________ Not Available
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Procedures</td>
<td></td>
</tr>
<tr>
<td>A-Fib Ablation</td>
<td></td>
</tr>
<tr>
<td>A-Flutter Ablation</td>
<td>If A-Fib or A-Flutter Ablation selected above:</td>
</tr>
<tr>
<td>Bioprosthetic valve</td>
<td></td>
</tr>
<tr>
<td>Cardioversion (check all that apply below)</td>
<td></td>
</tr>
<tr>
<td>CRT-D (cardiac resynchronization therapy w/ICD)</td>
<td></td>
</tr>
</tbody>
</table>

**EF – Quantitative**

- % Not available
- Obtained:
  - O This Admission
  - O W/in the last year
  - O > 1 year ago

**EF – Qualitative**

- O Not applicable
- O Normal or mild dysfunction
- O Qualitative moderate/severe dysfunction
- O Performed/results not available
- O Planned after discharge
- O Not performed
- Obtained:
  - O This Admission
  - O W/in the last year
  - O > 1 year ago

**Oral Medications during hospitalization**

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

**Parenteral In-Hospital Anticoagulation**

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

**CHADS2-VASc reported?**

- Yes
- No
## CHADS2-VASc Score Calculator:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive Heart Failure</td>
<td>1</td>
</tr>
<tr>
<td>Hypertension (blood pressure consistently above 140/90 or treated with hypertension medication)</td>
<td>1</td>
</tr>
<tr>
<td>Age ≥ 75</td>
<td>1</td>
</tr>
<tr>
<td>Age 65-74</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
</tr>
<tr>
<td>Prior stroke/TIA/Thromboembolism</td>
<td>1</td>
</tr>
<tr>
<td>Vascular Disease History (CAD, Prior MI, or PAD)</td>
<td>1</td>
</tr>
<tr>
<td>Female Gender</td>
<td>1</td>
</tr>
</tbody>
</table>


### 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**

- O Skilled Nursing Facility (SNF)
- O Inpatient Rehabilitation Facility (IRF)
- O Long Term Care Hospital (LTCH)
- O Intermediate Care facility (ICF)
- O Other

**When is the earliest physician/APN/PA documentation of comfort measures only?**

- O Day 0 or 1
- O Day 2 or after
- O Timing unclear
- O 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?**

- O Yes
- O No

**Discharge Rhythm(s) (closest to discharge)**

- □ Atrial Fibrillation
- □ Sinus Rhythm
- □ Atrial Flutter
- □ 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**

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

**Labs (closest to discharge)**

- **Platelet Count**
  - _____ mm$^3$

- **SCr**
  - ___ O mg/dL

- **Estimated Creatinine Clearance**
  - _____ mL/min (auto-calculated)

- **INR**
  - ___ □ Not Available
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</table>

**ACEI**

- **Prescribed?**
  - Yes: Medication: ...
  - No: ...
- **Contraindicated?**
  - Yes: ...
  - No: ...

**ARB**

- **Prescribed?**
  - Yes: Medication: ...
  - No: ...
- **Contraindicated?**
  - Yes: ...
  - No: ...

**Aldosterone Antagonist**

- **Prescribed?**
  - Yes: Medication: ...
  - No: ...
- **Contraindicated?**
  - Yes: ...
  - No: ...

**ANTIARRHYTHMIC**

- **Prescribed?**
  - Yes: Medication: ...
  - No: ...
- **Contraindicated?**
  - Yes: ...
  - No: ...

**ARNI**

- **Prescribed?**
  - Yes: ...
  - No: ...
- **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

**Anticoagulation Therapy**

- **Are there any relative or absolute contraindications to oral anticoagulant 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
- **Prescribed?**
  - Yes: ...
  - No: ...

**Antiplatelet(s)**

- **Are there any relative or absolute contraindications**
  - Allergy
  - Bleeding Event
  - Comorbid illness (e.g. renal/liver)
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Prescribed?</th>
<th>Contraindicated?</th>
<th>Dosage:</th>
<th>Frequency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
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<tr>
<td>Contraindicated?</td>
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<tr>
<td>Are there any relative or absolute contraindications to Aspirin therapy?</td>
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<tr>
<td>Contraindicated?</td>
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<tr>
<td>Beta Blocker</td>
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<tr>
<td>Contraindicated?</td>
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<tr>
<td>Calcium Channel Blocker</td>
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<tr>
<td>Contraindicated?</td>
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<tr>
<td>Digoxin</td>
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<tr>
<td>Contraindicated?</td>
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<tr>
<td>Statin Therapy</td>
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<tr>
<td>Contraindicated?</td>
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<tr>
<td>Hydralazine Nitrate</td>
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<tr>
<td>Contraindicated?</td>
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<tr>
<td>Other Medications at Discharge</td>
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<tr>
<td>RISK INTERVENTIONS</td>
<td></td>
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<tr>
<td>Smoking Cessation Counseling Given</td>
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<tr>
<td>Rhythm Control/Rate Control Strategy Planned/Intended</td>
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<tr>
<td>Patient and/or caregiver received education and/or resource materials regarding all of the following:</td>
<td></td>
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<tr>
<td>Anticoagulation Therapy Education Given:</td>
<td></td>
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<tr>
<td>PT/INR Planned Follow-up</td>
<td></td>
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</tbody>
</table>
### 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

#### 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

### OPTIONAL FIELDS

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
<th>Field 3</th>
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<tr>
<td>Field 11</td>
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<td>Field 12</td>
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### Additional Comments

#### ADMIN

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

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<tr>
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<tr>
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<td>16.</td>
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</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: / /</th>
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<td>3.</td>
<td>Date: / /</td>
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<tr>
<td>4.</td>
<td>Date: / /</td>
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<tr>
<td>5.</td>
<td>Date: / /</td>
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</table>

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

**CPT Code**

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<tr>
<th>CPT Code Date</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
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</tr>
</tbody>
</table>

**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 HAS-BLED score should be interpreted with this in mind.

<table>
<thead>
<tr>
<th>ATRIA Risk Score</th>
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<tbody>
<tr>
<td>□ Age ≥ 75 years</td>
<td></td>
</tr>
<tr>
<td>□ Anemia (Defined as Hemoglobin &lt; 13 g/dL in men and &lt; 12 g/dL in women)</td>
<td></td>
</tr>
<tr>
<td>□ Severe Renal Disease (defined as a GFR &lt; 30 ml/min or on dialysis)</td>
<td></td>
</tr>
<tr>
<td>□ History of Hypertension</td>
<td></td>
</tr>
<tr>
<td>□ Prior hemorrhage (intracranial, gastrointestinal, other hemorrhage)</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>HAS-BLED Score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hypertension History (uncontrolled, &gt;160 mmHg systolic)</td>
<td></td>
</tr>
<tr>
<td>□ Renal Disease (Dialysis, transplant, Cr &gt; 2.6 mg/dL or &gt; 200 µmol/L)</td>
<td></td>
</tr>
<tr>
<td>□ Liver Disease (Chronic Hepatic Disease, including (e.g.) Cirrhosis, Bilirubin &gt; 2x Normal, AST/ALT/AP &gt; 3x Normal)</td>
<td></td>
</tr>
<tr>
<td>□ Stroke History</td>
<td></td>
</tr>
<tr>
<td>□ Prior Major Bleeding or Predisposition to Bleeding (bleeding diathesis, anemia, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ Labile INR (Unstable/high INRs or time in therapeutic range &lt; 60%)</td>
<td></td>
</tr>
<tr>
<td>□ Age &gt; 65</td>
<td></td>
</tr>
<tr>
<td>□ Medication Usage Predisposing to Bleeding (Antiplatelet agents, NSAIDs)</td>
<td></td>
</tr>
<tr>
<td>□ Alcohol Usage History (&gt; 20 units per week)</td>
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</tbody>
</table>