**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:** [ ]

#### Payment Zip Code:

- **Payment Source:**
  - [ ] Medicare Title 18
  - [ ] Medicaid Title 18
  - [ ] 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

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>[ ]</td>
<td>Native Hawaiian or Pacific Islander</td>
<td>[ ]</td>
</tr>
<tr>
<td>Black or African American</td>
<td>[ ]</td>
<td>Native Hawaiian</td>
<td>[ ]</td>
</tr>
<tr>
<td>White</td>
<td>[ ]</td>
<td>Guamanian or Chamorro</td>
<td>[ ]</td>
</tr>
<tr>
<td>Asian</td>
<td>[ ]</td>
<td>Samoan</td>
<td>[ ]</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>[ ]</td>
<td>Other Pacific Islander</td>
<td>[ ]</td>
</tr>
<tr>
<td>Chinese</td>
<td>[ ]</td>
<td>UTD</td>
<td>[ ]</td>
</tr>
<tr>
<td>Filipino</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japanese</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vietnamese</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Asian</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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

<table>
<thead>
<tr>
<th>Internal Tracking ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician/Provider NPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH: MM or MM/DD/YYYY format</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Arrival Date and Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY format</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Admission Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY format</td>
</tr>
</tbody>
</table>

### Point of Origin for Admission or Visit:

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

### Medical History

**Medical History**

- 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
- TIA
- Depression
- Diabetes
- Emerging Infectious Disease
- MERS
- SARS-CoV-1
- SARS-CoV-2 (COVID-19)
- Other 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

<table>
<thead>
<tr>
<th>Atrial Arrhythmia Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Atrial Fibrillation</strong></td>
</tr>
<tr>
<td>If Atrial Fibrillation:</td>
</tr>
<tr>
<td>- First Detected Atrial Fibrillation</td>
</tr>
<tr>
<td>- Paroxysmal Atrial Fibrillation</td>
</tr>
<tr>
<td>- Persistent Atrial Fibrillation</td>
</tr>
<tr>
<td>- Permanent/long standing Persistent Atrial Fibrillation</td>
</tr>
<tr>
<td>- Unable to Determine</td>
</tr>
<tr>
<td><strong>Atrial Flutter</strong></td>
</tr>
<tr>
<td>If Atrial Flutter:</td>
</tr>
<tr>
<td>- Typical Atrial Flutter</td>
</tr>
<tr>
<td>- Atypical Atrial Flutter</td>
</tr>
<tr>
<td>- Unable to Determine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was Atrial Fibrillation/Flutter the patient’s primary diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If no, what was the patient’s primary diagnosis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute MI</td>
</tr>
<tr>
<td>COPD</td>
</tr>
<tr>
<td>CVA/TIA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were any of the following first detected on this admission?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Atherosclerotic Vascular Disease</td>
</tr>
<tr>
<td>Coronary Artery Disease</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Heart Failure</td>
</tr>
<tr>
<td>Hypertension</td>
</tr>
<tr>
<td>Liver Disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active bacterial or viral infection at admission or during hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/ND</td>
</tr>
<tr>
<td>Emerging Infectious Disease</td>
</tr>
<tr>
<td>MERS</td>
</tr>
<tr>
<td>SARS-COV-1</td>
</tr>
<tr>
<td>SARS-COV-2 (COVID-19)</td>
</tr>
<tr>
<td>Other emerging infectious disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications Used Prior to Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select all that apply</strong></td>
</tr>
<tr>
<td>Patient on no meds prior to admission</td>
</tr>
<tr>
<td>ACE inhibitor</td>
</tr>
<tr>
<td>Aldosterone Antagonist</td>
</tr>
<tr>
<td>Alpha Blockers</td>
</tr>
<tr>
<td>Angiotensin receptor blocker (ARB)</td>
</tr>
<tr>
<td>Antiarrhythmic</td>
</tr>
<tr>
<td>- amiodarone (Cordarone)</td>
</tr>
<tr>
<td>- disopyramide (Norpace, Norpace CR)</td>
</tr>
<tr>
<td>- dofetilide (Tikosyn)</td>
</tr>
<tr>
<td>- dronedarone (Multaq)</td>
</tr>
<tr>
<td>- flecainide (Tambocor)</td>
</tr>
<tr>
<td>- propafenone (Rythmol, Rythmol SR)</td>
</tr>
<tr>
<td>- quinidine</td>
</tr>
<tr>
<td>- sotalol (Betapace, Betapace AF)</td>
</tr>
<tr>
<td>- Other</td>
</tr>
<tr>
<td>Anticoagulation Therapy</td>
</tr>
<tr>
<td>- apixaban (Eliquis)</td>
</tr>
<tr>
<td>- dabigatran (Pradaxa)</td>
</tr>
<tr>
<td>- edoxaban (Savaysa)</td>
</tr>
<tr>
<td>- fondaparinux (Arixtra)</td>
</tr>
<tr>
<td>- rivaroxaban (Xarelto)</td>
</tr>
<tr>
<td>- warfarin (Coumadin))</td>
</tr>
<tr>
<td>- Other Anticoagulant</td>
</tr>
<tr>
<td>Antiplatelet agent</td>
</tr>
<tr>
<td>- aspirin</td>
</tr>
<tr>
<td>- clopidogrel (Plavix)</td>
</tr>
<tr>
<td>- dipyridamole/aspirin (Aggrenox)</td>
</tr>
<tr>
<td>- effient (Prasugrel)</td>
</tr>
<tr>
<td>- ticagrelor (Brilinta)</td>
</tr>
<tr>
<td>- ticlopidine (Ticlid)</td>
</tr>
<tr>
<td>- Other</td>
</tr>
<tr>
<td>Beta Blocker</td>
</tr>
<tr>
<td>Ca channel blocker</td>
</tr>
<tr>
<td>- dihydropyridine (nifedipine) (nicardipine)</td>
</tr>
<tr>
<td>- non-dihydropyridine (verapamil) (diltiazem)</td>
</tr>
<tr>
<td>- Digoxin</td>
</tr>
<tr>
<td>- Diuretic</td>
</tr>
<tr>
<td>- Hydralazine Nitrate</td>
</tr>
<tr>
<td>- NSAIDS/COX-2 Inhibitor</td>
</tr>
<tr>
<td>- Statin</td>
</tr>
</tbody>
</table>
## 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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Unit</th>
<th>Not Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate</td>
<td>bpm</td>
<td></td>
</tr>
<tr>
<td>BP-Supine</td>
<td>mmHg</td>
<td></td>
</tr>
</tbody>
</table>

### 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
- Atrial fibrillation
- Sinus arrest
- Unknown

If paced, pacing type:
- Atrial Pacing
- Ventricular Pacing
- Atrioventricular

Automated ECG Interpretation:
- Yes
- No

### Initial ECG Findings:

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resting Heart Rate (bpm)</td>
<td></td>
</tr>
<tr>
<td>QRS duration (ms)</td>
<td></td>
</tr>
<tr>
<td>QTc (ms)</td>
<td></td>
</tr>
<tr>
<td>PR interval (ms)</td>
<td></td>
</tr>
</tbody>
</table>

### Labs:

(closest to arrival)

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platelet Count</td>
<td>µL</td>
</tr>
<tr>
<td>SCr</td>
<td>mg/dL</td>
</tr>
<tr>
<td>PT/INR</td>
<td></td>
</tr>
<tr>
<td>Hematocrit</td>
<td>%</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>g/dl</td>
</tr>
<tr>
<td>TSH</td>
<td>µIU/ML</td>
</tr>
<tr>
<td>K</td>
<td>mEq/L</td>
</tr>
<tr>
<td>Mg</td>
<td>mg/dL</td>
</tr>
<tr>
<td>BUN</td>
<td>mg/dL</td>
</tr>
<tr>
<td>NT-BNP</td>
<td>(pg/mL)</td>
</tr>
<tr>
<td>BNP</td>
<td>pg/mL</td>
</tr>
</tbody>
</table>
## In Hospital

### Cardiac Procedures this hospitalization

- 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)
- LAA 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

<table>
<thead>
<tr>
<th>Echocardiogram Date for left atrial assessment</th>
<th>MM/DD/YYYY</th>
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</thead>
<tbody>
<tr>
<td>EF – Quantitative</td>
<td>Obtained:</td>
</tr>
<tr>
<td>___________ %</td>
<td>○ This Admission</td>
</tr>
<tr>
<td>○ Not available</td>
<td>○ W/in the last year</td>
</tr>
<tr>
<td>○ &gt; 1 year ago</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EF – Qualitative</th>
<th>Obtained:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Not applicable</td>
<td>○ This Admission</td>
</tr>
<tr>
<td>○ Normal or mild dysfunction</td>
<td>○ W/in the last year</td>
</tr>
<tr>
<td>○ Qualitative moderate/severe dysfunction</td>
<td>○ &gt; 1 year ago</td>
</tr>
<tr>
<td>○ Performed/results not available</td>
<td></td>
</tr>
<tr>
<td>○ Planned after discharge</td>
<td></td>
</tr>
<tr>
<td>○ Not performed (6)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Left atrial diameter</th>
<th>(cm)</th>
<th>ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left atrial volume</td>
<td>(cm)</td>
<td>ND</td>
</tr>
<tr>
<td>Left atrial volume index</td>
<td>(mL/m²)</td>
<td>ND</td>
</tr>
</tbody>
</table>

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

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

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

### Oral Medications during hospitalization

- None
- Antiarrhythmic
- amiodarone (Cordarone)
- disopyramide
- dofetilide (Tikosyn)
- dronedarone (Mutlaq)
- 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

<table>
<thead>
<tr>
<th>During this admission, was a standardized health related social needs form or assessment completed?</th>
<th>☐ Yes ☐ No/ND</th>
</tr>
</thead>
</table>

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

### Did the patient have prior ablations for atrial fibrillation?
- 0 (no prior AF ablation)
- 1
- 2
- ≥ 3

### What was the peri-procedural anticoagulation strategy?
- Bridging anticoagulation strategy
  - Bivalirudin
  - LMWH
  - Unfractioned heparin
  - Other
- Interrupted anticoagulation strategy
  - Apixaban
  - More than one dose held
  - Dabigatran
  - More than one dose held
  - Edoxaban
  - More than one dose held
  - Rivaroxaban
  - More than one dose held
  - Warfarin
  - More than one dose held
- Uninterrupted anticoagulation strategy
  - Apixaban
  - Dabigatran
  - Edoxaban
  - Rivaroxaban
  - Warfarin

### 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:
- None

### Imaging/mapping used:
- 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
- A-Fib Ablation
- Cryoablation balloon
- Electroporation
- Irrigated RFA with contact force sensing
- Irrigated RFA without contact force sensing
- Laser balloon
- Radiofrequency balloon
- Other ____________

### Energy and catheter type used:
- 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: 0 Circumferential 0 Segmental
  Outcome: □ Entrance Block □ Exit Block □ First Pass Isolation

- Left inferior PV isolation attempted
  Technique: 0 Circumferential 0 Segmental
  Outcome: □ Entrance Block □ Exit Block □ First Pass Isolation

- Right superior PV isolation attempted
  Technique: 0 Circumferential 0 Segmental
  Outcome: □ Entrance Block □ Exit Block □ First Pass Isolation

- Right inferior PV isolation attempted
  Technique: 0 Circumferential 0 Segmental
  Outcome: □ Entrance Block □ Exit Block □ First Pass Isolation

- Right middle PV isolation was attempted
  Technique: 0 Circumferential 0 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
<table>
<thead>
<tr>
<th>Phrenic Nerve Strategy</th>
<th>○ Phrenic Nerve Pacing Not Done  ○ Course of Phrenic Nerve Delineated with Pacing  ○ 10  ○ 20  ○ 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phrenic Nerve Outcome</td>
<td>○ No Capture  ○ Capture  ○ Phrenic Nerve Sites of Capture Avoided  ○ Lesions placed at sites of capture during phrenic pacing</td>
</tr>
<tr>
<td>Radiofrequency delivery strategy</td>
<td>○ Point by Point  ○ Drag Technique  ○ Other</td>
</tr>
<tr>
<td>Energy</td>
<td>High Power Anterior (watts) ________  High power duration (seconds) ________  Low Power Posterior (watts) ________  Low power duration (seconds) ________</td>
</tr>
<tr>
<td>Lesion Index Used</td>
<td>Anterior Target ____________  Posterior Target ____________  □ N/A</td>
</tr>
<tr>
<td>Esophageal Protection Strategies (select all that apply)</td>
<td>□ Esophageal Cooling  □ Esophageal Deviation Performed  □ Esophageal Temp Probe  ○ One sensor  ○ Multi-sensor  □ No Strategy Utilized</td>
</tr>
<tr>
<td>Scar Assessment:</td>
<td>○ Not assessed  ○ Assessed  ○ Voltage cutoff  ○ 0.2  ○ 0.5  ○ Not noted  ○ Scar not present  ○ Scar present (select all locations that apply)  □ LA posterior wall  □ LA Roofline  □ LA Septum  □ RA Free Wall  □ RA Septum  □ Other</td>
</tr>
<tr>
<td>Provocation testing (Check all that apply)</td>
<td>□ Adenosine  ○ Heart Block not achieved  ○ Heart Block achieved  ○ Left pulmonary vein reconnection  ○ Right pulmonary vein reconnection  ○ Triggers noted (NPV)  ○ No reconnection or triggers noted  □ Response to cardioversion of induced A-Fib  ○ No ERAF  ○ On Isuprel  ○ Off Isuprel  ○ ERAF  ○ On Isuprel  ○ Off Isuprel  ○ Other  □ Isoproterenol  ○ A-Fib NPVT noted  ○ APDs observed  ○ A-Tach or A-Flutter induced  ○ Left pulmonary vein reconnection  ○ Right pulmonary vein reconnection  □ Provocation Testing Not Done</td>
</tr>
<tr>
<td>Did cardioversion occur?</td>
<td>○ Yes  ○ No  ○ Electrical  ○ Pharmacological  ○ During ablation lesion delivery</td>
</tr>
</tbody>
</table>
## Post ablation rhythm:
- ☐ Atrial fibrillation
- ☐ Atrial flutter, typical right
- ☐ Atrial flutter, atypical
- ☐ Other (specify)
- ☐ Unknown/ND

## 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
- ☐ Gastroesophageal reflux
- ☐ 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 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

#### Medication:

- If Yes
  - Dosage:
  - Frequency:

#### ARB Prescribed?

- Yes  
- No  
- NC

#### Medication:

- If Yes
  - Dosage:
  - Frequency:
<table>
<thead>
<tr>
<th>Aldosterone Antagonist Prescribed?</th>
<th>Yes</th>
<th>No</th>
<th>NC</th>
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<tr>
<td>If Yes</td>
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<tr>
<td>Medication:</td>
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<tr>
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<table>
<thead>
<tr>
<th>Antiarrhythmic Prescribed?</th>
<th>Yes</th>
<th>No</th>
<th>NC</th>
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</thead>
<tbody>
<tr>
<td>If Yes</td>
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<table>
<thead>
<tr>
<th>ARNI Prescribed?</th>
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<tbody>
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<td>If Yes</td>
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</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

**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

<table>
<thead>
<tr>
<th>Anticoagulation Therapy Prescribed?</th>
<th>Yes</th>
<th>No</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes</td>
<td></td>
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<tr>
<td>Class:</td>
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</table>

**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:
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
- Dosage:
- Frequency:

### Ca Channel Blocker Prescribed?
- **Yes**
- **No**
- **NC**

#### If Yes
- 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
  - Stroke Risk
  - Management
  - Medication Adherence
  - Follow-up
  - 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:**
  - **/ /**

- **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**
<table>
<thead>
<tr>
<th>Clinical Codes and Risk Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10-CM Principal Diagnosis Code</td>
</tr>
<tr>
<td>ICD-10-CM Other Diagnoses Codes</td>
</tr>
<tr>
<td>ICD-10-PCS Principal Procedure Code</td>
</tr>
<tr>
<td>ICD-10-PCS Other Procedure Codes</td>
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<tr>
<td>CPT Code</td>
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<tr>
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