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? O Yes O No

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

Date of Birth: ____/____/_____

Sex: O Male O Female O 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: O Yes O 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

A**utomated 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	_____ µlU/ML	☐ Not Available
K	_____ ○ mEq/L ○ **m**molL ○ 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 assessment ____/_____/_____ 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) ○ ND
Left atrial volume _____ (cm) ○ ND
Left atrial volume index (mL/m2) _____ ○ 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 O 0 (no prior AF ablation) O 1 O 2 O ≥ 3
(do not count ablations for other arrhythmias):

What was the peri-procedural anticoagulation strategy?

- ○ Bridging anticoagulation strategy
  - ○ bivalirudin
  - ○ LMWH
  - ○ Unfractioned heparin
  - ○ Other
- ○ Interrupted anticoagulation strategy
  - ○apixaban
    - oMore than one dose held
  - ○dabigatran
    - oMore than one dose held
  - ○edoxaban
    - oMore than one dose held
  - ○rivaroxaban
    - oMore 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/cm^2 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: O Circumferential O Segmental Outcome: ☐ Entrance Block ☐ Exit Block ☐ First Pass Isolation ☐ Left inferior PV isolation attempted Technique: O Circumferential O Segmental Outcome: ☐ Entrance Block ☐ Exit Block ☐ First Pass Isolation ☐ Right superior PV isolation was attempted Technique: O Circumferential O Segmental Outcome: ☐ Entrance Block ☐ Exit Block ☐ First Pass Isolation ☐ Right inferior PV isolation was attempted Technique: O Circumferential O Segmental Outcome: ☐ Entrance Block ☐ Exit Block ☐ First Pass Isolation ☐ Right Middle PV isolation was attempted Technique: O Circumferential O 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: O Block achieved or demonstrated O Block not achieved ☐ Complex Fractionated Atrial Electrogram (CFAE Ablation) Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: O Block achieved or demonstrated O Block not achieved ☐ CTI Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: O Block achieved or demonstrated O Block not achieved ☐ Inferolateral Mitral Isthmus Line (left Inferior to Mitral Annulus) Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: O Block achieved or demonstrated O Block not achieved ☐ LA Appendage Isolation Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: O Block achieved or demonstrated O Block not achieved ☐ LA Floor (low posterior line) Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: O Block achieved or demonstrated O Block not achieved ☐ LA Roofline Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: O Block achieved or demonstrated O Block not achieved ☐ Posterior Wall Isolation Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: O Block achieved or demonstrated O 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: O Block achieved or demonstrated O Block not achieved ☐ SVC Isolation Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: O Block achieved or demonstrated O Block not achieved ☐ Targeted Ganglia Ablation Indication: ☐ Empiric ☐ A-Flutter induced and mapped ☐ History of A-Flutter Outcome: O Block achieved or demonstrated O 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, typical right ○ Atrial flutter, atypical ○ Sinus rhythm ○ Other (specify) _____ ○ Unknown/ND
Complications noted during and post-procedure:	O Yes O 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	