Get With the Guidelines-Atrial Fibrillation
IRP CRF December 2020

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

**Patient ID:**

### Demographics

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was patient admitted as an inpatient?</td>
<td><strong>Yes</strong> ☐ <strong>No</strong> ☐</td>
</tr>
<tr>
<td>Please select reason patient was not admitted:</td>
<td><strong>Outpatient planned ablation procedure episode</strong> ☐</td>
</tr>
<tr>
<td></td>
<td><strong>Discharge from Observation Status</strong> ☐</td>
</tr>
<tr>
<td></td>
<td><strong>Discharged from ED</strong> ☐</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td><strong><strong>/</strong></strong>/______</td>
</tr>
<tr>
<td>Sex:</td>
<td><strong>Male</strong> ☐ <strong>Female</strong> ☐ <strong>Unknown</strong> ☐</td>
</tr>
<tr>
<td>Homeless:</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Patient Zip Code:

- 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

<table>
<thead>
<tr>
<th>Race:</th>
<th>Hispanic Ethnicity:</th>
<th>☐ Yes ☐ No/Unable to Determine (UTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>☐ Native Hawaiian or Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>☐ Native Hawaiian</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>☐ Guamanian or Chamorro</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>☐ Samoan</td>
<td></td>
</tr>
<tr>
<td>Asian Indian</td>
<td>☐ Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>☐ UTD</td>
<td></td>
</tr>
<tr>
<td>Filipino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japanese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vietnamese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Asian</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- ☐ No/Unable to Determine (UTD)
**Admission**

**Arrival and Admission Information**

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

**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**

- **(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)
  - 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
  - LAA Occlusion Device
    - Lariat
    - Surgical closure (clip or oversew)
    - Watchman
    - Other
  - 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
- 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
- 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 (Arixtra)
  - 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
- [ ] 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>Height</th>
<th>_________</th>
<th>inches</th>
<th>cm</th>
<th>[ ] Not documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>_________</td>
<td>lbs</td>
<td>kg</td>
<td>[ ] Not documented</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>_________</td>
<td>bpm</td>
<td></td>
<td>[ ] Not documented</td>
</tr>
<tr>
<td>BP-Supine</td>
<td>_<strong><strong><strong><strong>/</strong></strong></strong></strong></td>
<td>mmHG</td>
<td></td>
<td>[ ] Not documented</td>
</tr>
</tbody>
</table>

#### Initial Presenting Rhythm(s)
- [ ] Atrial Fibrillation
- [ ] Sinus Rhythm
- [ ] Atrial Flutter
- [ ] Paced (6)
- [ ] 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

#### Automated ECG Interpretation:
- [ ] Yes
- [ ] No

#### Initial ECG Findings:
<table>
<thead>
<tr>
<th>Resting Heart Rate (bpm)</th>
<th>_______</th>
<th>[ ] Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>QRS duration (ms)</td>
<td>_______</td>
<td>[ ] Not Available</td>
</tr>
<tr>
<td>QTc (ms)</td>
<td>_______</td>
<td>[ ] Not Available</td>
</tr>
<tr>
<td>PR interval (ms)</td>
<td>_______</td>
<td>[ ] Not Available</td>
</tr>
</tbody>
</table>

#### Labs: (closest to arrival)
<table>
<thead>
<tr>
<th>Platelet Count</th>
<th>____________</th>
<th>µL</th>
<th>[ ] Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCr</td>
<td>_______</td>
<td>O mg/dL</td>
<td>O µmol/L</td>
</tr>
<tr>
<td>PT/INR</td>
<td>_______</td>
<td></td>
<td>[ ] Not Available</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>_______</td>
<td>%</td>
<td>[ ] Not Available</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>_______</td>
<td>g/dl</td>
<td>[ ] Not Available</td>
</tr>
<tr>
<td>TSH</td>
<td>_______</td>
<td>µIU/ML</td>
<td>[ ] Not Available</td>
</tr>
<tr>
<td>K</td>
<td>_______</td>
<td>O mEq/L</td>
<td>O mmol/L</td>
</tr>
<tr>
<td>Mg</td>
<td>_______</td>
<td>mg/dL</td>
<td>[ ] Not Available</td>
</tr>
<tr>
<td>BUN</td>
<td>_______</td>
<td>O mg/dL</td>
<td>O µmol/L</td>
</tr>
<tr>
<td>NT-BNP</td>
<td>_______</td>
<td>(pg/mL)</td>
<td>[ ] Not Available</td>
</tr>
<tr>
<td>BNP</td>
<td>_______</td>
<td>O pg/mL</td>
<td>O pmol/L</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)
- [ ] 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

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

**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

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

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
- [ ] Antiarrythmic
  - [ ] 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
- [ ] Ca channel blocker
- [ ] Beta 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>Question</th>
<th>Yes</th>
<th>No/ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>During this admission, was a standardized health related social needs form or assessment completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, identify the areas of unmet social need. (Select all that apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of the areas of unmet social need listed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Strain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living Situation / Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation Barriers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHA2DS2-VASc reported?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CHA2DS2-VASc Total reported score:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not assessing risk factors:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
# 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
  - 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: _________ 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:
- (check all that apply):
  - A-Flutter Ablation
  - Cryoablation balloon
  - Electroporation
  - Irrigated RFA with contact force sensing
  - Irrigated RFA without contact force sensing
  - Laser balloon
  - Radiofrequency balloon
  - Other _____________
<table>
<thead>
<tr>
<th>Ablation Approach</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Left superior PV isolation attempted</td>
<td></td>
</tr>
<tr>
<td>Technique: O Circumferential  o Segmental</td>
<td></td>
</tr>
<tr>
<td>Outcome:  □ Entrance Block  □ Exit Block  □ First Pass Isolation</td>
<td></td>
</tr>
<tr>
<td>Left inferior PV isolation attempted</td>
<td></td>
</tr>
<tr>
<td>Technique: O Circumferential  o Segmental</td>
<td></td>
</tr>
<tr>
<td>Outcome:  □ Entrance Block  □ Exit Block  □ First Pass Isolation</td>
<td></td>
</tr>
<tr>
<td>Right superior PV isolation was attempted</td>
<td></td>
</tr>
<tr>
<td>Technique: O Circumferential  o Segmental</td>
<td></td>
</tr>
<tr>
<td>Outcome:  □ Entrance Block  □ Exit Block  □ First Pass Isolation</td>
<td></td>
</tr>
<tr>
<td>Right inferior PV isolation was attempted</td>
<td></td>
</tr>
<tr>
<td>Technique: O Circumferential  o Segmental</td>
<td></td>
</tr>
<tr>
<td>Outcome:  □ Entrance Block  □ Exit Block  □ First Pass Isolation</td>
<td></td>
</tr>
<tr>
<td>Right Middle PV isolation was attempted</td>
<td></td>
</tr>
<tr>
<td>Technique: O Circumferential  o Segmental</td>
<td></td>
</tr>
<tr>
<td>Outcome:  □ Entrance Block  □ Exit Block  □ First Pass Isolation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lines and Additional Strategies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check all that apply):</td>
<td></td>
</tr>
<tr>
<td>□ Anterior Lateral Mitral Isthmus Line (Left Superior to Mitral Annulus)</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ Complex Fractionated Atrial Electrogram (CFAE Ablation)</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ CTI</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ Inferolateral Mitral Isthmus Line (left Inferior to Mitral Annulus)</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ LA Appendage Isolation</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ LA Floor (low posterior line)</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ LA Roofline</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ Posterior Wall Isolation</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ Superior Septal Mitral Isthmus Line (Right Superior to Mitral Annulus)</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ SVC Isolation</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
<tr>
<td>□ Targeted Ganglia Ablation</td>
<td></td>
</tr>
<tr>
<td>Indication:  □ Empiric  □ A-Flutter induced and mapped</td>
<td></td>
</tr>
<tr>
<td>□ History of A-Flutter</td>
<td></td>
</tr>
<tr>
<td>Outcome:  ○ Block achieved or demonstrated  ○ Block not achieved</td>
<td></td>
</tr>
</tbody>
</table>
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><strong>Phrenic Nerve Strategy</strong></th>
<th>○ Phrenic Nerve Pacing Not Done</th>
<th>○ Course of Phrenic Nerve Delineated with Pacing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 10</td>
<td>○ 20</td>
</tr>
<tr>
<td></td>
<td>○ 50</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Phrenic Nerve Outcome:</strong></th>
<th>○ No Capture</th>
<th>○ Capture</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Phrenic Nerve Sites of Capture Avoided</td>
<td>○ Lesions placed at sites of capture during phrenic pacing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Radiofrequency delivery strategy</strong></th>
<th>○ Point by Point</th>
<th>○ Drag Technique</th>
<th>○ Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Energy</th>
<th>High Power Anterior (watts)</th>
<th>High power duration (seconds)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low Power Posterior (watts)</td>
<td>Low power duration (seconds)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Lesion Index Used</strong></th>
<th>Anterior Target</th>
<th>Posterior Target</th>
<th>○ N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Esophageal Protection Strategies</strong></th>
<th>○ Esophageal Cooling</th>
<th>○ Esophageal Deviation Performed</th>
<th>○ Esophageal Temp Probe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ One sensor</td>
<td>○ Multi-sensor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ No Strategy Utilized</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Scar Assessment:</strong></th>
<th>○ Not assessed</th>
<th>○ Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Voltage cutoff</td>
<td>○ 0.2</td>
</tr>
<tr>
<td></td>
<td>○ Scar not present</td>
<td>○ Scar present (select all locations that apply)</td>
</tr>
<tr>
<td>Location:</td>
<td>○ LA posterior wall</td>
<td>○ LA Roofline</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Provocation testing</strong></th>
<th>○ Adenosine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Heart Block not achieved</td>
</tr>
<tr>
<td></td>
<td>○ Heart Block achieved</td>
</tr>
<tr>
<td></td>
<td>○ Left pulmonary vein reconnection</td>
</tr>
<tr>
<td></td>
<td>○ Right pulmonary vein reconnection</td>
</tr>
<tr>
<td></td>
<td>○ Triggers noted (NPV)</td>
</tr>
<tr>
<td></td>
<td>○ No reconnection or triggers noted</td>
</tr>
</tbody>
</table>

| **Response to cardioversion of induced A-Fib** | ○ No ERAF |
|                                               | ○ On Isuprel |
|                                               | ○ Off Isuprel |
|                                               | ○ ERAF |
|                                               | ○ On Isuprel |
|                                               | ○ Off Isuprel |
|                                               | ○ Other |

<table>
<thead>
<tr>
<th></th>
<th>○ Provocation Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Done</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Did cardioversion occur?</strong></th>
<th>○ Yes</th>
<th>○ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Electrical</td>
<td>○ Pharmacological</td>
</tr>
<tr>
<td></td>
<td>○ During ablation lesion delivery</td>
<td></td>
</tr>
<tr>
<td><strong>Post ablation rhythm:</strong></td>
<td>○ Atrial fibrillation</td>
<td>○ Atrial flutter, typical right</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>○ Atrial flutter, atypical</td>
<td>○ Atrial flutter, atypical</td>
<td></td>
</tr>
<tr>
<td>○ Other (specify)</td>
<td>○ Sinus rhythm</td>
<td></td>
</tr>
<tr>
<td>○ Unknown/ND</td>
<td>○ Unknown/ND</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Complications noted during and post-procedure:</strong></th>
<th>○ Yes</th>
<th>○ No</th>
</tr>
</thead>
</table>

If yes, Check all that apply:
- □ Air embolus
- □ Atrioesophageal fistula
- □ Aspiration
- □ AV fistula
- □ Requiring surgical repair
- □ Complication from anesthesia
- □ Death
- □ Deep venous thrombosis
- □ Gastroparesis
- □ 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)
  - □ Other (specify)
## Discharge

### Discharge Information

<table>
<thead>
<tr>
<th>Discharge Date/Time</th>
<th>MM/DD/YYYY or MM/DD/YYYY HH:MM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

### Vital Signs (closest to discharge)

<table>
<thead>
<tr>
<th>BP-Supine</th>
<th>mmHg (systolic/diastolic)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not documented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Rate</th>
<th>bpm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not documented</td>
</tr>
</tbody>
</table>

### Reason documented by a physician, nurse practitioner, or physician assistant for discharging patient with heart rate >110 bpm?

### ECG findings (closest to discharge):

- Resting Heart Rate (bpm)
- QRS duration (ms)
- QTc (ms)
- PR interval (ms)

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

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

### Discharge ECG QRS Morphology

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

### Labs (closest to discharge)

<table>
<thead>
<tr>
<th>Platelet Count</th>
<th>µL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCr</th>
<th>mg/dL</th>
<th>µmol/L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Available</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Creatinine Clearance</th>
<th>mL/min</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Available</td>
</tr>
</tbody>
</table>

### Discharge Medications

#### ACEI Prescribed?

- Yes
- No
- NC

##### If Yes

**Medication:**

**Dosage:**

**Frequency:**

#### ARB Prescribed?

- Yes
- No
- NC

##### If Yes

**Medication:**

**Dosage:**

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

**Ca Channel Blocker Prescribed?**

- Yes
- No
- Not Documented

**Digoxin Prescribed?**

- Yes
- No
- Not Documented

**Statin Prescribed?**

- Yes
- No
- Not Documented

**Hydralazine Nitrate Prescribed?**

- Yes
- No
- Not Documented

**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

- 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>
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<td>ICD-10-CM Principal Diagnosis Code</td>
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