PMT FORM SELECTION: Atrial Fibrillation	**Legend: Elements in bold are required**
Patient ID:	

ARRIVAL AND ADMISSION INFORMATION

Internal Tracking ID:		Physician/Provider NPI:
Arrival Date and Time:	___/___/_____ ___: ____	☐ MM/DD/YYYY only ☐ Unknown/Date UTD
Admit Date:	___/___/_____	

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

Was patient admitted as inpatient? ☐ Yes ☐ No

If not admitted, reason:

- ☐ Discharged from Observation Status
- ☐ Discharged from the ED

DEMOGRAPHIC DATA

Date of Birth:	___/___/_____	**Gender:**	☐ Male ☐ Female ☐ Unknown

Race:

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ White
- ☐ Asia
  - ☐ 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: ☐ Yes ☐ No/UTD

If yes,

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

Payment Source:

- ☐ Medicaid (Title 19)
- ☐ Medicare (Title 18)
- ☐ Medicare – Private/HMO/Other
- ☐ Private/HMO/Other
- ☐ No Insurance/Not Documented/UTD

Patient Postal Code: _____ - _____

MEDICAL HISTORY

Medical History (select all that apply)

- ☐ None
- ☐ Alcohol use/dependence >20 units/week
- ☐ Anemia
- ☐ Bioprosthetic valve
- ☐ Cancer
- ☐ Cardiac transplantation
- ☐ Cardiomyopathy
  - ☐ Ischemic
  - ☐ Non-Ischemic
- ☐ Carotid Disease (clinically diagnosed)
- ☐ Cognitive impairment
- ☐ COPD
- ☐ Coronary Artery Disease
- ☐ CRT-D (cardiac resynchronization therapy w/ICD)
- ☐ CRT-P (cardiac resynchronization therapy-pacing only)
- ☐ CVA/TIA
  - ☐ Ischemic Stroke
  - ☐ ICH
  - ☐ TIA
- ☐ Depression
- ☐ Diabetes
- ☐ Dialysis
- ☐ Illicit Drug Use
- ☐ Family History of AF
- ☐ Heart failure
- ☐ Hypertension History
  - ☐ Uncontrolled, >160 mmHg systolic
- ☐ ICD only
- ☐ LAA Occlusion Device
  - ○ Lariat
  - ○ Watchman
  - ○ Other
  - ○ Surgical closure (clip or oversew)
- ☐ Left Ventricular Hypertrophy
- ☐ Liver Disease (Cirrhosis, Bilirubin >2x Normal, AST/ALT/AP >3x Normal)
- ☐ Mechanical Prosthetic Heart Valve
- ☐ Mitral Stenosis
- ☐ Obstructive Sleep
- ☐ Apnea
  - ☐ CPAP
- ☐ Pacemaker
- ☐ Peripheral Vascular Disease
- ☐ Prior Hemorrhage
  - ☐ Gastrointestinal
  - ☐ Other
- ☐ Prior MI
- ☐ Prior PCI
  - ☐ Bare metal stent
  - ☐ Drug eluting stent
- ☐ Renal Disease (Dialysis, transplant, Cr >2.6 mg/dL or >200 µmol/L)
- ☐ Rheumatic Heart Disease
- ☐ Sinus Node Dysfunction/Sick Sinus Syndrome
- ☐ Smoker
- ☐ Thyroid Disease
  - ☐ Hyperthyroidism
  - ☐ Hypothyroidism

Other risk factors

Labile INR (Unstable/high INRs or time in therapeutic range <60%)?
○ Yes ○ No ○ Unable to determine from the information available in the medical record

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

Prior AF Procedures:

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

DIAGNOSIS

Atrial Arrhythmia Type:

☐ **Atrial Fibrillation**
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
- ○ CVA/TIA
- ○ Surgery
- ○ COPD
- ○ Heart Failure
- ○ Other

Were any of the following first detected on this admission?

- ☐ None
- ☐ Acute MI
- ☐ Coronary Artery Disease
- ☐ Diabetes
- ☐ Heart Failure
- ☐ Liver Disease
- ☐ Mitral Stenosis
- ☐ Atherosclerotic Vascular Disease
- ☐ Ischemic Stroke
- ☐ ICH
- ☐ TIA

MEDICATIONS AT ADMISSION

Medications Used Prior to Admission
Select all that apply

- ☐ Patient on no meds prior to admission
- ☐ ACE inhibitor
- ☐ Aldosterone Antagonist
- ☐ Alpha Blockers
- ☐ Angiotensin receptor blocker (ARB)
- ☐ Antiarrhythmic
  - ☐ Amiodarone
  - ☐ Disopyramide
  - ☐ Dofetilide
  - ☐ Dronedarone
  - ☐ Flecainide
  - ☐ Propafenone
  - ☐ Quinidine
  - ☐ Sotalol
  - ☐ Other
- ☐ Anticoagulation Therapy
  - ☐ Apixaban (Eliquis)
  - ☐ argatroban
  - ☐ dabigatran (Pradaxa)
  - ☐ desirudin (Iprivask)
  - ☐ edoxaban (Savaysa)
  - ☐ Fondaparinux (Atrixa)
  - ☐ lepirudin (Refludan)
  - ☐ rivaroxaban (Xarelto)
  - ☐ Warfarin (Coumadin)
  - ☐ Other Anticoagulant
- ☐ Aspirin
- ☐ Antiplatelet agent (not aspirin)
  - ☐ Aggrenox (Dipyridamole)
  - ☐ Brilinta (Ticagrelor)
  - ☐ Clopidogrel
  - ☐ Prasugrel (Effient)
  - ☐ Ticlid (Ticlopidine)
  - ☐ Other
- ☐ Beta Blocker
- ☐ Ca channel blocker
  - ☐ Dihydropyridine
  - ☐ Non-dihydropyridine
- ☐ 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 rest
- ☐ Palpitations
- ☐ Weakness
- ☐ Fatigue
- ☐ Dyspnea at exertion
- ☐ Exercise intolerance
- ☐ Lightheadedness/dizziness
- ☐ Syncope

Initial Vital Signs

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

Initial Presenting Rhythm(s)
Select all that apply

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

If paced, underlying Atrial Rhythm

○ Sinus Rhythm ○ Atrial fib/flutter ○ Sinus arrest ○ Unknown

If paced, pacing type:

○ Atrial Pacing ○ Ventricular Pacing ○ Atrioventricular

Automated ECG	☐ Yes ☐ No		
Initial EKG findings:	Resting Heart Rate (bpm)_____ ☐ Not Available		QRS duration (ms) _____ ☐ Not Available
	QTc (ms) _____ ☐ Not Available		PR interval (ms) _____ ☐ Not Available
Labs: (closest to admission)	**Platelet Count**	_____ mm^3 ☐ Not Available	
	SCr	_____ ○ mg/dL ○ µmol/L ☐ Not Available	
	Estimated Creatinine Clearance	_____ mL/min (*auto-calculated)*	
	PT/INR	_____ ☐ Not Available	
	Hematocrit	_____ % ☐ Not Available	
	Hemoglobin	_____ g/dl ☐ Not Available	
	TSH	_____ mlU/L ☐ Not Available	
	K	_____ ○ mEq/L ○ mmol/L ○ 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 CARE

Procedures this hospitalization	☐ No Procedures ☐ A-Fib Ablation ☐ A-Flutter Ablation ○ Cryoablation ○ Radio Frequency 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 ☐ Surgical MAZE

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	Obtained:	○ This Admission ○ W/in the last year ○ > 1 year ago

Oral Medications during hospitalization (*Select all that apply)*	☐ None ☐ Antiarrhythmic ☐ Amiodarone ☐ Disopyramide ☐ Dofetilide ☐ Dronedarone ☐ Flecainide ☐ Propafenone ☐ Quinidine ☐ Sotalol ☐ Other ☐ Anticoagulant ☐ Warfarin ☐ Dabigatran ☐ Rivaroxaban ☐ Apixaban ☐ Edoxaban	☐ Antiplatelet agent (not aspirin) ☐ Aggrenox (Dipyridamole) ☐ Brilinta (Ticagrelor) ☐ Clopidogrel ☐ Prasugrel (Effient) ☐ Ticlid (Ticlopidine) ☐ Other ☐ Aspirin ☐ Beta Blocker ☐ Ca channel blocker ☐ Digoxin

Parenteral In-Hospital Anticoagulation	☐ Unfractionated Heparin IV ☐ full dose LMW Heparin ☐ Other IV Anticoagulant ☐None

CHA2DS2-VASc reported?	○ Yes ○ No	**If yes, total reported score in medical record** _____

CHADS2-VASc Risk Factors Assessed	☐ All were assessed	Prior stroke or TIA assessed: ○ Yes ○ No Age ≥ 65 years assessed: ○ Yes ○ No Hypertension assessed: ○ Yes ○ No Diabetes mellitus assessed: ○ Yes ○ No	HF or impaired LV systolic function assessed: ○ Yes ○ No Vascular disease hx assessed: ○ Yes ○ No Female gender assessed: ○ Yes ○ No

Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not assessing risk factors:	○ Yes ○ No

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

Adapted from a methodology used by the American College of Chest Physicians: Lip GY, Niewlatt R, Pisters R, Lane DA, Crijns HJ, et al. Refining clinical risk stratification for predicting stroke and thromboembolism in atrial fibrillation using a novel risk factor-based approach: the euro heart survey on atrial fibrillation. CHEST 2010 Feb;137(2):263-72. doi: 10.1378/chest.09-1584. Epub 2009 Sep 17.
http://journal.publications.chestnet.org/article.aspx?articleid=1045174

DISCHARGE INFORMATION

Discharge Date/Time	___/___/_____ ___:____ ☐ MM/DD/YYYY only
What was the patient's discharge disposition on the day of discharge?	1 – Home 2 – Hospice – Home 3 – Hospice – Health Care Facility 4 – Acute Care Facility 5 – Other Health Care Facility 6 – Expired 7 – Left Against Medical Advise/AMA 8 – Not Documented or Unable to Determine (UTD)
If Other Health Care Facility	○ Skilled Nursing Facility (SNF) ○ Inpatient Rehabilitation Facility (IRF) ○ Long Term Care Hospital (LTCH) ○ Intermediate Care facility (ICF) ○ Other
When is the earliest physician/APN/PA documentation of comfort measures only?	○ Day 0 or 1 ○ Day 2 or after ○ Timing unclear ○ Not Documented/UTD
Vital Signs (closest to discharge)	**BP-Supine** _____ / _____ mmHg (systolic/diastolic) ☐ Not documented **Heart Rate** _____ bpm ☐ Not documented
Reason documented by a physician, nurse practitioner, or physician assistant for discharging patient with heart rate >110 bpm?	○ Yes ○ No
Discharge Rhythm(s) (closest to discharge)	☐ Atrial Fibrillation ☐ Atrial Flutter ☐ Sinus Rhythm ☐ Atrial Tachycardia ☐ Paced ☐ Other
EKG findings (closest to discharge):	Resting Heart Rate (bpm)_____ ☐ Not Available QRS duration (ms) _____ ☐ Not Available QTc (ms) _____ ☐ Not Available PR interval (ms) _____ ☐ Not Available
Discharge EKG QRS Morphology	○ Normal ○ RBBB ○ LBBB ○ NS-IVCD ○ Not Available
Labs (closest to discharge) – Platelet Count	_____ mm^3 ☐ Not Available
Labs (closest to discharge) – SCr	_____ ○ mg/dL ○µmol/L ☐ Not Available
Labs (closest to discharge) – Estimated Creatinine Clearance	_____ mL/min (*auto-calculated)*
Labs (closest to discharge) – INR	_____ ☐ Not Available

DISCHARGE MEDICATIONS

ACEI	**Prescribed?** ○ Yes ○No			
	If yes,	Medication:	Dosage:	Frequency:
	Contraindicated? ○ Yes ○ No			
ARB	**Prescribed?** ○ Yes ○No			
	If yes,	Medication:	Dosage:	Frequency:
	Contraindicated? ○ Yes ○No			
Aldosterone Antagonist	**Prescribed?** ○ Yes ○ No			
	If yes,	Medication:	Dosage:	Frequency:
	Contraindicated? ○ Yes ○ No			

Antiarrhythmic	**Prescribed?**	○ Yes ○No
	If yes,	**Medication:** Dosage: Frequency:
		Medication: Dosage: Frequency:
		Were Dofetilide or Sotalol newly initiated or dose increased this hospitalization? ○ Yes ○ No
		If yes, was a QT interval documented after 5 doses and prior to discharge? ○ Yes ○ No ○ NA
	Contraindicated?	○ Yes ○ No
ARNI	**Prescribed?**	○ Yes ○ No
	If yes,	**Medication:** Dosage: Frequency:
	Contraindicated?	○ Yes ○ No
	Contraindications or Other Documented Reason(s) For Not Providing ARNI:	☐ ACE inhibitor use within the prior 36 hours ☐ Allergy ☐ Hyperkalemia ☐ Hypotension ☐ Other medical reasons ☐ Patient Reason ☐ Renal dysfunction defined as creatinine > 2.5 mg/dL in men or > 2.0 mg/dL in women ☐ System Reason
	Reasons for not switching to ARNI at discharge:	○ Yes ○ No ○ ARNI was prescribed at discharge
	If yes,	New onset heart failure NYHA Class I NYHA Class IV Not previously tolerating ACEI or ARB
Anticoagulation Therapy	**Prescribed?**	○ Yes ○ No
	If yes,	**Class**: **Medication:** Dosage: Frequency:
		Class: Medication: Dosage: Frequency:
	Contraindicated?	○ Yes ○ No
	Are there any relative or absolute contraindications to oral anticoagulant therapy? *(Check all that apply)*	☐ Allergy ☐ Comorbid illness (e.g. renal/liver) ☐ Frequent falls/frailty ☐ Need for dual antiplatelet therapy ☐ Patient refusal/preference ☐ Prior intracranial hemorrhage pregnancy ☐ Transient or reversible causes of atrial fibrillation ☐ Cardiac Surgery ☐ Bleeding Event ☐ Current pregnancy ☐ High bleeding risk ☐ Occupational risk ☐ Physician preference ☐ Recent operation ☐ Unable to adhere/monitor
Antiplatelet(s)	**Prescribed?**	○ Yes ○ No
	If yes,	Medication: Dosage: Frequency:
		Medication: Dosage: Frequency:
	Contraindicated?	○ Yes ○ No

	Are there any relative or absolute contraindications to oral antiplatelet(s) therapy? ***(Check all that apply)***	☐ Allergy ☐ Bleeding Event ☐ Comorbid illness (e.g. renal/liver) ☐ Current pregnancy ☐ Frequent falls/frailty ☐ High bleeding risk ☐ Need for dual antiplatelet therapy ☐ Occupational risk ☐ Patient refusal/preference ☐ Physician preference ☐ Prior intracranial hemorrhage ☐ Recent operation ☐ Transient or reversible causes of atrial fibrillation ☐ Cardiac Surgery Unable to adhere/monitor
Aspirin	**Prescribed?**	○ Yes ○ No
	If yes,	**Dosage:** Frequency:
	Contraindicated?	○ Yes ○ No
	Are there any relative or absolute contraindications to Aspirin therapy? ***(Check all that apply)***	☐ Allergy ☐ Bleeding Event ☐ Comorbid illness (e.g. renal/liver) ☐ Current pregnancy ☐ Frequent falls/frailty ☐ High bleeding risk ☐ Need for dual antiplatelet therapy ☐ Occupational risk ☐ Patient refusal/preference ☐ Physician preference ☐ Prior intracranial hemorrhage ☐ Recent operation ☐ Transient or reversible causes of atrial fibrillation ☐ Cardiac Surgery ☐ Unable to adhere/monitor
Beta Blocker	**Prescribed?**	○ Yes ○ No
	If yes,	Medication: Dosage: Frequency:
	Contraindicated?	○ Yes ○ No
Calcium Channel Blocker	**Prescribed?**	○ Yes ○ No
	If yes,	Medication: Dosage: Frequency:
	Contraindicated?	○ Yes ○ No
Digoxin	**Prescribed?**	○ Yes ○ No
	If yes,	Dosage: Frequency:
	Contraindicated?	○ Yes ○ No
Statin Therapy	**Prescribed?**	○ Yes ○ No
	Contraindicated?	○ Yes ○ No
Hydralazine Nitrate	**Prescribed?**	○ Yes ○ No
	Contraindicated?	○ Yes ○ No
Other Medications at Discharge		☐ Diuretic ☐ NSAIDS/COX-2 Inhibitor

RISK INTERVENTIONS

Smoking Cessation Counseling Given	○ Yes ○ No
Rhythm Control/Rate Control Strategy Planned/Intended	☐ Rhythm Control Strategy Planned ☐ Rate Control Strategy Planned ☐ No Documentation of Strategy

Patient and/or caregiver received education and/or resource materials regarding all of the following:	☐ All were addressed *(Check all yes)* Risk factors O Yes O No Stroke Risk O Yes O No Management O Yes O No Medication Adherence O Yes O No Follow-up O Yes O No When to call provider O Yes O No
Anticoagulation Therapy Education Given:	O Yes O No
PT/INR Planned Follow-up	O Yes O No
Who will be following patients PT/INR?	O Home INR Monitoring O Anticoagulation Warfarin Clinic O Managed by Physician associated with hospital O Managed by outside physician O Not documented
Date of PT/INR test planned post discharge:	____/____/_____ ☐ Not documented
System Reason for no PT/INR Planned Followup?	O Yes O No
TLC (Therapeutic Lifestyle Change) Diet	O Yes O No O Not Documented O Not Applicable
Obesity Weight Management	O Yes O No O Not Documented O Not Applicable
Activity Level/Recommendation	O Yes O No O Not Documented O Not Applicable
Screening for obstructive sleep apnea	O Yes O No O Not Documented O Not Applicable
Referral for evaluation of obstructive sleep apnea if positive screen	O Yes O No O Not Documented O Not Applicable
Discharge medication instruction provided	O Yes O No O Not Documented O Not Applicable

OPTIONAL FIELDS				
Field 1	Field 2	Field 3	Field 4	Field 5
Field 6	Field 7	Field 8	Field 9	Field 10
Field 11	Field 12			
Additional Comments				

ADMIN			
ICD-9 or ICD-10-CM Principal Diagnosis Code	_____		
ICD-9 or ICD-10-CM Other Diagnoses Codes	1. 4. 7. 10. 13. 16. 19. 22.	2. 5. 8. 11. 14. 17. 20. 23.	3. 6. 9. 12. 15. 18. 21. 24.
ICD-9 or ICD-10-PCS Principal Procedure Code	_____ Date:___/___/_____ ☐ Date UTD		
ICD-9 or ICD-10-PCS Other Procedure Codes	1. _____ Date:___/___/_____ ☐ Date UTD 2. _____ Date:___/___/_____ ☐ Date UTD 3. _____ Date:___/___/_____ ☐ Date UTD 4. _____ Date:___/___/_____ ☐ Date UTD 5. _____ Date:___/___/_____ ☐ Date UTD		
CPT Code	_____		
CPT Code Date	___/___/_____ ☐ Unknown		
Was this Case Sampled?	☐ Yes ☐ No		
Patient is currently enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. AFib, STK, VTE)?	☐ Yes ☐ No		

OTHER RISK SCORES

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

ATRIA Risk Score	☐ Age ≥ 75 years ☐ Anemia (Defined as Hemoglobin < 13 g/dL in men and < 12 g/dL in women) ☐ Severe Renal Disease (defined as a GFR < 30ml/min or on dialysis) ☐ History of Hypertension ☐ Prior hemorrhage (intracranial, gastrointestinal, other hemorrhage)

Adapted from a methodology used by the American College of Cardiology: Fang MC, Go AS, Chang Y, et al. A New Risk Scheme to Predict Warfarin-Associated Hemorrhage: The ATRIA (Anticoagulation and Risk Factors in Atrial Fibrillation) Study. *J Am Coll Cardiol.* 2011;58(4):395-401. doi:10.1016/j.jacc.2011.03.031. http://content.onlinejacc.org/article.aspx?articleid=1146658#Abstract

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

Adapted from a methodology used by the American College of Chest Physicians: Pisters R, Lane DA, Nieuwlaat R, de Vos CB, Crijns HM, Lip GH. A novel user-friendly score (has-bled) to assess 1-year risk of major bleeding in patients with atrial fibrillation: the euro heart survey. *Chest*, 2010;138(5):1093-1100. http://journal.publications.chestnet.org/article.aspx?articleid=1086288