### PMT FORM SELECTION: Atrial Fibrillation

**Legend:** Elements in bold are required

<table>
<thead>
<tr>
<th>Patient ID:</th>
</tr>
</thead>
</table>

### DEMOGRAPHIC DATA

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Gender:</th>
<th>☐ Male ☐ Female ☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Patient Postal Code:</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment Source:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Medicare</td>
<td>☐ Medicaid</td>
</tr>
<tr>
<td>☐ Medicare-Private/HMO/PPO/Other</td>
<td>☐ Medicaid-Private/HMO/PPO/Other</td>
</tr>
<tr>
<td>☐ Private/HMO/PPO/Other</td>
<td>☐ VA/CHAMPVA/Tricare</td>
</tr>
<tr>
<td>☐ Self-Pay/No Insurance</td>
<td>☐ Other/Not Documented/UTD</td>
</tr>
</tbody>
</table>

### RACE AND ETHNICITY

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

| ☐ Hawaiian | ☐ Yes ☐ No/UTD |
| ☐ Latino | ☐ Yes ☐ No/UTD |
| ☐ Spanish | ☐ Yes ☐ No/UTD |

### ARRIVAL AND ADMISSION INFORMATION

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

**Arrival Date and Time:**

<table>
<thead>
<tr>
<th></th>
<th>☐ MM/DD/YYYY only</th>
<th>☐ Unknown/Date UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Admit Date:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Point of Origin for Admission or Visit:

| ☐ 1 Non-Health Care Facility Point of Origin | ☐ 6 Transfer from another Health Care Facility |
| ☐ 2 Clinic | ☐ 7 Emergency room |
| ☐ 4 Transfer From a Hospital (Different Facility) | ☐ 9 Information not available |
| ☐ 5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) | ☐ 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 |

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## 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
  - [ ] Flecaïnide
  - [ ] Propafenone
  - [ ] Quinidine
  - [ ] Sotalol
  - [ ] Other
- [ ] Anticoagulation Therapy
  - [ ] Apixaban (Eliquis)
  - [ ] argatroban
  - [ ] dabigatran (Pradaxa)
  - [ ] desirudin (Iprivask)
  - [ ] edoxaban (Savaysa)
  - [ ] Fondaparinux (Arixtra)
  - [ ] 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

<table>
<thead>
<tr>
<th>Height</th>
<th>inches</th>
<th>cm</th>
<th>Not documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>lbs</td>
<td>kg</td>
<td>Not documented</td>
</tr>
<tr>
<td>BMI</td>
<td>(automatically calculated)</td>
<td></td>
<td>Not documented</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>bpm</td>
<td></td>
<td>Not documented</td>
</tr>
<tr>
<td>BP-Supine</td>
<td>/</td>
<td>mmHg (systolic/diastolic)</td>
<td>Not documented</td>
</tr>
</tbody>
</table>

### 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
<table>
<thead>
<tr>
<th>Automated ECG</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial EKG findings:</td>
<td>□ Not Available</td>
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<tr>
<td>Resting Heart Rate (bpm)</td>
<td>□ Not Available</td>
</tr>
<tr>
<td>QTc (ms)</td>
<td>□ Not Available</td>
</tr>
<tr>
<td>PR interval (ms)</td>
<td>□ Not Available</td>
</tr>
</tbody>
</table>

### Labs: (closest to admission)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Unit(s)</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platelet Count</td>
<td>□</td>
<td>mm$^3$</td>
<td>□ Not Available</td>
</tr>
<tr>
<td>Scr</td>
<td>□</td>
<td>mg/dL, µmol/L</td>
<td>□ Not Available</td>
</tr>
<tr>
<td>Estimated Creatinine Clearance</td>
<td>□</td>
<td>mL/min (auto-calculated)</td>
<td>□ Not Available</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>
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<tr>
<td>TSH</td>
<td>□</td>
<td>mU/L</td>
<td>□ Not Available</td>
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<td>□</td>
<td>mEq/L, mmol/L, mg/dL</td>
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<tr>
<td>Mg</td>
<td>□</td>
<td>mg/dL</td>
<td>□ Not Available</td>
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<tr>
<td>BUN</td>
<td>□</td>
<td>mg/dL, µmol/L</td>
<td>□ Not Available</td>
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<tr>
<td>NT-BNP</td>
<td>□</td>
<td>pg/mL</td>
<td>□ Not Available</td>
</tr>
<tr>
<td>BNP</td>
<td>□</td>
<td>pg/mL, pmol/L, ng/L</td>
<td>□ Not Available</td>
</tr>
</tbody>
</table>
## 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

### CHADS2-VASc reported?
- O Yes
- O No

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

### Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not assessing risk factors:
- O Yes
- O No
<table>
<thead>
<tr>
<th>CHADS2-VASc Score Calculator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Congestive Heart Failure</td>
</tr>
<tr>
<td>□ Hypertension (blood pressure consistently above 140/90 or treated with hypertension medication)</td>
</tr>
<tr>
<td>□ Age ≥ 75</td>
</tr>
<tr>
<td>□ Age 65-74</td>
</tr>
<tr>
<td>□ Diabetes</td>
</tr>
<tr>
<td>□ Prior stroke/TIA/Thromboembolism</td>
</tr>
<tr>
<td>□ Vascular Disease History (CAD, Prior MI, or PAD)</td>
</tr>
<tr>
<td>□ Female Gender</td>
</tr>
</tbody>
</table>

**DISCHARGE INFORMATION**

<table>
<thead>
<tr>
<th>Discharge Date/Time</th>
<th>MM/DD/YYYY only</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 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)

<table>
<thead>
<tr>
<th>BP-Supine</th>
<th>mmHg (systolic/diastolic)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Rate</th>
<th>bpm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason documented by a physician, nurse practitioner, or physician assistant for discharging patient with heart rate &gt;110 bpm?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

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)
- QRS duration (ms)
- QTc (ms)
- PR interval (ms)

<table>
<thead>
<tr>
<th>Discharge EKG QRS Morphology</th>
<th>Normal</th>
<th>RBBB</th>
<th>LBBB</th>
<th>NS-IVCD</th>
<th>Not Available</th>
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</thead>
<tbody>
<tr>
<td>Platelet Count</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Available</td>
</tr>
<tr>
<td>SCr</td>
<td></td>
<td>mg/dL</td>
<td>µmol/L</td>
<td>Not Available</td>
<td></td>
</tr>
<tr>
<td>Estimated Creatinine Clearance</td>
<td></td>
<td>mL/min (auto-calculated)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>INR</td>
<td></td>
<td></td>
<td>Not Available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

### ARNI

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contraindicated?**  
- Yes | No

**Medication:**  
- Dosage:  
- Frequency:  

---

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For questions, call 888-526-6700  
Outcome Sciences ©2013
### Are there any relative or absolute contraindications to oral antplatelet(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

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Beta Blocker

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

### Calcium Channel Blocker

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
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### Digoxin

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<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
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</tbody>
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### Statin Therapy

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<tr>
<th>Prescribed?</th>
<th>Yes</th>
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<tr>
<td>Contraindicated?</td>
<td>Yes</td>
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### Hydralazine Nitrates

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<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Contraindicated?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### 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

---

Atrial Fibrillation Form  
NOT FOR USE WITHOUT PERMISSION. © 2013 American Heart Association and Outcome Sciences, Inc. a Quintiles Company.  
For questions, call 888-526-6700  
Outcome Sciences ©2013
<table>
<thead>
<tr>
<th>Patient and/or caregiver received education and/or resource materials regarding all of the following:</th>
<th>☐ All were addressed (Check all yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk factors</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Stroke Risk</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Management</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Anticoagulation Therapy Education Given:</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>PT/INR Planned Follow-up</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Who will be following patients PT/INR?</td>
<td>☐ Home INR Monitoring</td>
</tr>
<tr>
<td></td>
<td>☐ Anticoagulation Warfarin Clinic</td>
</tr>
<tr>
<td></td>
<td>☐ Managed by Physician associated with hospital</td>
</tr>
<tr>
<td></td>
<td>☐ Managed by outside physician</td>
</tr>
<tr>
<td></td>
<td>☐ Not documented</td>
</tr>
<tr>
<td>Date of PT/INR test planned post discharge:</td>
<td><strong><strong>/</strong></strong>/______ ☐ Not documented</td>
</tr>
<tr>
<td>System Reason for no PT/INR Planned Followup?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>TLC (Therapeutic Lifestyle Change) Diet</td>
<td>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</td>
</tr>
<tr>
<td>Obesity Weight Management</td>
<td>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</td>
</tr>
<tr>
<td>Activity Level/Recommendation</td>
<td>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</td>
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<tr>
<td>Screening for obstructive sleep apnea</td>
<td>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</td>
</tr>
<tr>
<td>Referral for evaluation of obstructive sleep apnea if positive screen</td>
<td>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</td>
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<tr>
<td>Discharge medication instruction provided</td>
<td>☐ Yes ☐ No ☐ Not Documented ☐ Not Applicable</td>
</tr>
<tr>
<td>Field 1</td>
<td>Field 2</td>
</tr>
<tr>
<td>--------</td>
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<tr>
<td>Field 6</td>
<td>Field 7</td>
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**OPTIONAL FIELDS**

**Additional Comments**

**ADMN**

<table>
<thead>
<tr>
<th>ICD-9 or ICD-10-CM Principal Diagnosis Code</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
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<tr>
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<td>7.</td>
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<table>
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<tr>
<th>ICD-9 or ICD-10-PCS Principal Procedure Code</th>
<th>Date:<strong>/</strong>/____</th>
<th>Date UTD</th>
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<tbody>
<tr>
<td>ICD-9 or ICD-10-PCS Other Procedure Codes</td>
<td>Date:<strong>/</strong>/____</td>
<td>Date UTD</td>
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<tr>
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<td>Date:<strong>/</strong>/____</td>
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<td>Date:<strong>/</strong>/____</td>
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<table>
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<tr>
<th>CPT Code</th>
<th>CPT Code Date</th>
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<td>_________</td>
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<td>Unknown</td>
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<table>
<thead>
<tr>
<th>Was this Case Sampled?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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


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