



GWTG-AFib Case Record Form (CRF)

June 2023

Patient ID:		_____	
DEMOGRAPHICS			
Was patient admitted as an inpatient?		Yes	No
Please select reason patient was not admitted:		<input type="radio"/> Outpatient planned ablation procedure episode <input type="radio"/> Discharge from Observation Status <input type="radio"/> Discharged from ED	
Date of Birth:	___/___/___		
Sex:	Male	Female	Unknown
Patient Gender Identity:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Female-to-Male (FTM)/Transgender Male/Trans Man <input type="radio"/> Male-to-Female (MTF)/Transgender Female/Trans Woman <input type="radio"/> Genderqueer, Neither Exclusively Male nor Female <input type="radio"/> Additional Gender Category or Other <input type="radio"/> Did not Disclose		
Other Patient Gender Identity		_____	
Patient-Identified Sexual Orientation:		<input type="radio"/> Straight or heterosexual <input type="radio"/> Lesbian or gay <input type="radio"/> Bisexual <input type="radio"/> Queer, pansexual, and/or questioning <input type="radio"/> Something else; please specify <input type="radio"/> Don't know <input type="radio"/> Declined to answer	

	Vietnamese Other Asian	
Hispanic Ethnicity:	Yes	No/Unable to Determine (UTD)
If Yes Hispanic Ethnicity:	Mexican, Mexican American, Chicano/a	

	Familial Hypercholesterolemia Family History of AF	
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 U(x)(n)23.9 (t)1.3 (/)17.4 (lo)41.7 (ng)12.1 (s)
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- Mild enlargement
- Moderate enlargement
- Severe enlargement
- Unknown

None

Oral Medications during hospitalization
(Select all that apply)

	<ul style="list-style-type: none"> o IIB – Moderate symptoms (Normal daily activity not affected but patient troubled by symptoms) o III - Severe symptoms (Normal daily activity affected) o IV – Disabling symptoms (Normal daily activity discontinued) o 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 (do not count ablations for other arrhythmias):	0 (no prior AF ablation) 1 2 3

- o Bridging anticoagulation strategy

What was the peri-procedural anticoagulation strategy?

	Preprocedure CT Preprocedure MRI Preprocedure TEE Rotational angiography
Trans-septal approach used for the ablation procedure:	<ul style="list-style-type: none"> o Brockenbrough/mechanical needle o Radiofrequency needle o SafeSept (wire needle) o Other, such as entry through patent foramen ovale o Trans-septal method not utilized

Was an Atrial Septal Closure Device Present

Indication: Empiric A-Flutter induced and mapped

History of A-Flutter

Outcome: Block achieved or demonstrated Block not achieved

CTI

Indication: Empiric A-Flutter induced and mapped

History of A-Flutter

Inferolateral Ventricle A-Flutter induced and mapped

Dosage:

Frequency:

Are there any relative or absolute contraindications to oral anticoagulant therapy?
(Check all that apply)

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	Yes	No	
	Adherence	Yes	No	
	Follow-up	Yes	No	
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:	___/___/___		o 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				