

**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:		☐ Outpatient planned ablation procedure episode ☐ Discharge from Observation Status ☐ Discharged from ED	
Date of Birth:	___/___/___		
Sex:	Male Female Unknown		
Patient Gender Identity:	☐ Male ☐ Female ☐ Female-to-Male (FTM)/Transgender Male/Trans Man ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman ☐ Genderqueer, Neither Exclusively Male nor Female ☐ Additional Gender Category or Other ☐ Did not Disclose		
Other Patient Gender Identity			
Patient-Identified Sexual Orientation:		☐ Straight or heterosexual ☐ Lesbian or gay ☐ Bisexual ☐ Queer, pansexual, and/or questioning ☐ Something else; please specify ☐ Don't know ☐ 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)

- ☐ Mild enlargement
- ☐ Moderate enlargement
- ☐ Severe enlargement
- ☐ Unknown

None

Oral Medications during
hospitalization
(Select all that apply)

	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:	- 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 Mitral 708 0.010.08 (n) 7.7 (d) 11 (n) 1.95 0.945 rg14 (d o)27.orTJ0ce.1 (c

	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			
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				