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# **THE CANADIAN CARDIOVASCULAR SOCIETY DATA DICTIONARY**

**A CCS Consensus Document**

## **ATRIAL FIBRILLATION/FLUTTER DATA ELEMENTS AND DEFINITIONS**

**FINAL VERSION v1.1**

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# Background

The Canadian Cardiovascular Society Data Dictionary is comprised of multiple "chapter" data elements and definitions that reflect national input and consensus on definitions within several spheres of cardiovascular disease, treatment and subspecialty expertise.

This Chapter's data elements and definitions are specific to **Atrial Fibrillation (AF) / Atrial Flutter (AFL)** and should be considered as a supplement to the Core Elements Chapter.

This Dictionary also contains the supporting data elements and definitions for the Canadian Cardiovascular Society Quality Indicators E-Catalogues for Atrial Fibrillation/Atrial Flutter. The data elements in this dictionary have been identified into classification levels as follows:

**Essential:** Are deemed as a minimum recommended data element to be used as a standard to enable reporting of key quality indicators and to allow cross-comparison with other centres using these common data elements.

**Specialized:** Are deemed as an expanded set of recommended data element to be used for more in-depth data collection and analysis.

Visit [www.ccs.ca/](http://www.ccs.ca/) for the latest version of the CCS Quality Indicators E-Catalogues for AF/AFL and other areas.

# Definitions

The following are the definitions of terminology and key outcome indicators used throughout this data dictionary, as well as terminology and key outcome indicators used by the Atrial Fibrillation/Flutter quality indicators e-catalogues.

TERMINOLOGY	
TERM	DEFINITION
Atrial Fibrillation (AF)	Atrial fibrillation is a supraventricular tachyarrhythmia characterized by uncoordinated atrial activation with consequent deterioration of atrial mechanical function. On the electrocardiogram (ECG), AF is described by the replacement of consistent P waves by rapid oscillations or fibrillatory waves that vary in size, shape, and timing, associated with an irregular, frequently rapid ventricular response when atrioventricular (AV) conduction is intact. [Modified from Source: J Am Coll Cardiol 2006;45:e155]
Typical Atrial Flutter (AFL)	Atrial flutter in the typical form is characterized by a saw-tooth pattern of regular atrial activation called flutter ( <i>f</i> ) waves on the ECG, particularly visible in leads II, III, aVF, and V1. In the untreated state, the atrial rate in atrial flutter typically ranges from 240 to 320 beats per minute, often around 300 per minute, with <i>f</i> waves inverted in ECG leads II, III, and aVF and upright in lead V1. The direction of activation in the right atrium (RA) may be reversed, resulting in <i>f</i> waves that are upright in leads II, III, and aVF and inverted in lead V1. Atrial flutter commonly occurs with 2:1 AV block, resulting in a regular or irregular ventricular rate of 120 to 160 beats per minute (most characteristically about 150 beats per minute). [Modified from Source: J Am Coll Cardiol 2006;45:e155]
Atypical Atrial Flutter (AFL)	In the atypical form there is regular, organized atrial activity in the ECG in 3 or more leads but not the typical saw tooth pattern in the inferior leads and the rhythm often originates in the left atrium.  It is defined as the absence of a typical sawtooth pattern when there was clear evidence of regular, organized atrial activity in other leads (particularly lead V <sub>2</sub> ) within this range of rates and often but not always with a fixed AV conduction (2:1, 3:1, etc.) and a regular ventricular rate. [Modified from Source: Europace 2012;12:804]
Electrocardiographic documentation (ECG)	12-lead ECG, rhythm strip, Holter monitor, intracardiac electrograms or event recorder
Nonvalvular AF/AFL	By convention, the term “nonvalvular AF/AFL” is restricted to cases in which the rhythm disturbance occurs in the absence of rheumatic mitral valve disease, a prosthetic heart valve, or mitral valve repair. [Modified from Source: J Am Coll Cardiol 2006;45:e157]
Valvular AF/AFL	Conversely, “valvular AF/AFL” is used to describe cases in which the rhythm disturbance occurs in the presence of rheumatic mitral valve disease, a prosthetic heart valve, or mitral valve repair.
Rheumatic mitral valve disease	As rheumatic mitral regurgitation cannot be reliably diagnosed without a pathological specimen, “rheumatic mitral valve disease” is defined as mitral stenosis (usually an echocardiographic diagnosis) that is moderate or greater in severity (valve area $\leq 1.5 \text{ cm}^2$ [Source: BSE Echocardiography: Guidelines for Valve Quantification]).
Newly Diagnosed AF/AFL	First electrocardiographic documentation occurred within the last 6 months, whether or not there were previous symptoms compatible with AF/AFL AND whether or not there has been more than one electrocardiographic documented episode within the period of time since the first electrocardiographic documentation.  Date of Newly Diagnosed AF/AFL (YYYYMMDD)
Qualifying AF/AFL	Episode of AF/AFL that resulted in first entry into the database, regardless of whether or not it is newly diagnosed.  Date of Qualifying AF/AFL (YYYYMMDD)

KEY OUTCOME INDICATORS	
TERM	DEFINITION
Stroke	<p>Stroke is an acute onset of a focal neurologic deficit of presumed vascular origin lasting for ≥24 hours or resulting in death. Stroke [is] [can be] categorized as ischemic or hemorrhagic or cause unknown (based on computed tomographic or magnetic resonance scanning or autopsy) [but in this instance all strokes are included]. Fatal stroke is defined as death from any cause within 30 days of stroke. [Modified from Source: Am Heart J 2009;157:810.e1]</p> <p>Stroke must be confirmed by imaging of the brain (computed tomographic or magnetic resonance scanning) or by autopsy.</p> <p>Date of Stroke (YYYYMMDD): date of onset of symptoms of stroke</p> <p>CHA<sub>2</sub>DS<sub>2</sub>VASc score at time of stroke = CHA<sub>2</sub>DS<sub>2</sub>-VASc Score</p> <ol style="list-style-type: none"> <li>Score = 0</li> <li>Score = 1</li> <li>Score = 2</li> <li>Score = 3</li> <li>Score = 4 or greater</li> <li>Score Unknown/Uncertain</li> </ol> <p>Antithrombotic therapy at time of stroke = Antithrombotic Therapy</p> <ol style="list-style-type: none"> <li>No antithrombotic therapy</li> <li>Anticoagulation only <ol style="list-style-type: none"> <li>Warfarin or other vitamin K antagonist</li> <li>Dabigatran</li> <li>Rivaroxaban</li> <li>Apixaban</li> </ol> </li> <li>Antiplatelet only</li> <li>Anticoagulation and antiplatelet <ol style="list-style-type: none"> <li>Warfarin or other vitamin K antagonist</li> <li>Dabigatran</li> <li>Rivaroxaban</li> <li>Apixaban</li> </ol> </li> <li>Unknown/Uncertain</li> </ol>
Contraindication to Anticoagulation	<p>List of examples from the ROCKET AF Study:</p> <ul style="list-style-type: none"> <li>Active internal bleeding</li> <li>History of, or condition associated with, increased bleeding risk, including: <ul style="list-style-type: none"> <li>Major surgical procedure or trauma within 30 days before randomization</li> <li>Clinically significant gastrointestinal bleeding within 6 months before randomization</li> <li>History of intracranial, intraocular, spinal, or atraumatic intra-articular bleeding</li> <li>Chronic hemorrhagic disorder</li> <li>Known intracranial neoplasm, arteriovenous malformation, or aneurysm</li> <li>Planned invasive procedure with potential for uncontrolled bleeding, including major surgery</li> </ul> </li> </ul> <p>[Source: Am Heart J 2010;159:340-7.e1]</p> <p>Date when Contraindication was First Noted (YYYYMMDD)</p>

Systemic Embolus	<p>Systemic embolism is an acute vascular occlusion of the extremities or any organ (kidneys, mesenteric arteries, spleen, retina or grafts) and must be documented by angiography, surgery, scintigraphy, or autopsy. [Modified from Source: Am Heart J 2009;157:810.e1]</p> <p>Date of Systemic Embolus (YYYYMMDD): date of the onset of symptoms of systemic embolus</p> <p>CHA<sub>2</sub>DS<sub>2</sub>VASc Score at time of Systemic Embolus = CHA<sub>2</sub>DS<sub>2</sub>-VASc Score</p> <ol style="list-style-type: none"> <li>1. Score = 0</li> <li>2. Score = 1</li> <li>3. Score = 2</li> <li>4. Score = 3</li> <li>5. Score = 4 or greater</li> <li>6. Score Unknown/Uncertain</li> </ol> <p>Antithrombotic Therapy at Time of Systemic Embolus = Antithrombotic Therapy</p> <ol style="list-style-type: none"> <li>1. No antithrombotic therapy</li> <li>2. Anticoagulation only <ol style="list-style-type: none"> <li>a. Warfarin or other vitamin K antagonist</li> <li>b. Dabigatran</li> <li>c. Rivaroxaban</li> <li>d. Apixaban</li> </ol> </li> <li>3. Antiplatelet only</li> <li>4. Anticoagulation and antiplatelet <ol style="list-style-type: none"> <li>a. Warfarin or other vitamin K antagonist</li> <li>b. Dabigatran</li> <li>c. Rivaroxaban</li> <li>d. Apixaban</li> </ol> </li> <li>5. Unknown/Uncertain</li> </ol>
TIA	<p>Same as stroke but symptoms resolve within &lt;24h and no imaging evidence of cerebral infarct or hemorrhage.</p> <p>Date of TIA (YYYYMMDD): date of onset of symptoms of TIA</p> <p>CHA<sub>2</sub>DS<sub>2</sub>VASc at Time of TIA = CHA<sub>2</sub>DS<sub>2</sub>-VASc Score</p> <ol style="list-style-type: none"> <li>1. Score = 0</li> <li>2. Score = 1</li> <li>3. Score = 2</li> <li>4. Score = 3</li> <li>5. Score = 4 or greater</li> <li>6. Score Unknown/Uncertain</li> </ol> <p>Antithrombotic Therapy at Time of TIA = Antithrombotic Therapy</p> <ol style="list-style-type: none"> <li>1. No antithrombotic therapy</li> <li>2. Anticoagulation only <ol style="list-style-type: none"> <li>a. Warfarin or other vitamin K antagonist</li> <li>b. Dabigatran</li> <li>c. Rivaroxaban</li> <li>d. Apixaban</li> </ol> </li> <li>3. Antiplatelet only</li> <li>4. Anticoagulation and antiplatelet <ol style="list-style-type: none"> <li>a. Warfarin or other vitamin K antagonist</li> <li>b. Dabigatran</li> <li>c. Rivaroxaban</li> <li>d. Apixaban</li> </ol> </li> <li>5. Unknown/Uncertain</li> </ol>

Major Hemorrhage	<p>Major hemorrhage is defined by <math>\geq 1</math> of the following criteria:</p> <ul style="list-style-type: none"> <li>• Overt bleeding associated with reduction in haemoglobin level of at least 2.0 g/L;</li> <li>• Overt bleeding leading to transfusion of at least 2 U of blood or packed cells; or</li> <li>• Symptomatic bleeding in a critical area or organ such as intraocular, intracranial, intraspinal or intramuscular with compartment syndrome, retroperitoneal bleeding, intra-articular bleeding, or pericardial bleeding.</li> </ul> <p>[Modified from Source: Am Heart J 2009;157:810.e2]</p> <p>In the AF Quality Indicators e-Catalogue the Cross-sectional Analysis is based on hospitalization for major hemorrhage as defined above.</p> <p>Date of Major Bleeding (YYYYMMDD) = date of onset of symptoms of bleeding or detection of overt bleeding when asymptomatic</p> <p>CHA<sub>2</sub>DS<sub>2</sub>VASc at Time of TIA = CHA<sub>2</sub>DS<sub>2</sub>-VASc Score</p> <ol style="list-style-type: none"> <li>1. Score = 0</li> <li>2. Score = 1</li> <li>3. Score = 2</li> <li>4. Score = 3</li> <li>5. Score = 4 or greater</li> <li>6. Score Unknown/Uncertain</li> </ol> <p>Antithrombotic Therapy at Time of Major Hemorrhage = Antithrombotic Therapy</p> <ol style="list-style-type: none"> <li>1. No antithrombotic therapy</li> <li>2. Anticoagulation only <ol style="list-style-type: none"> <li>a. Warfarin or other vitamin K antagonist</li> <li>b. Dabigatran</li> <li>c. Rivaroxaban</li> <li>d. Apixaban</li> </ol> </li> <li>3. Antiplatelet only</li> <li>4. Anticoagulation and antiplatelet <ol style="list-style-type: none"> <li>a. Warfarin or other vitamin K antagonist</li> <li>b. Dabigatran</li> <li>c. Rivaroxaban</li> <li>d. Apixaban</li> </ol> </li> <li>5. Unknown/Uncertain</li> </ol>
CV Hospitalization	<p>Primary reason for hospitalization was cardiovascular categorized by reason(s) for hospitalization (Check all that apply):</p> <ol style="list-style-type: none"> <li>1. Rhythm management of AF/AFL</li> <li>2. Bleeding</li> <li>3. Acute HF</li> <li>4. MI</li> <li>5. Other Acute Coronary Syndrome</li> <li>6. Rhythm management for other SVT</li> <li>7. Bradycardia Management</li> <li>8. Rhythm management for VT/VF/SCD</li> <li>9. Other, specify</li> </ol> <p>Date of CV Hospitalization (YYYYMMDD)</p>

Non-CV Hospitalization Only	<p>Primary reason for hospitalization was non-cardiovascular and no secondary CV problem during hospitalization</p> <p>Date of Non-CV Hospitalization (YYYYMMDD)</p>
Non-CV Hospitalization with Secondary CV Problem	<p>Primary reason for hospitalization was non-cardiovascular but a secondary cardiovascular problem developed during hospitalization categorized by CV problem(s) (Check all that apply):</p> <ol style="list-style-type: none"> <li>1. Rhythm management for AF/AFL</li> <li>2. Bleeding</li> <li>3. Acute HF</li> <li>4. MI</li> <li>5. Other Acute Coronary Syndrome</li> <li>6. Rhythm management for other SVT</li> <li>7. Bradycardia Management</li> <li>8. Rhythm management for VT/VF/SCD</li> <li>9. Other, specify</li> </ol> <p>Date of Non-CV Hospitalization with Secondary CV Problem (YYYYMMDD)</p>
CV Emergency Department Visit (whether or not followed by hospital admission)	<p>Primary reason for Emergency Department Visit was cardiovascular categorized by reason(s) for ER Visit (Check all that apply):</p> <ol style="list-style-type: none"> <li>1. Rhythm management of AF/AFL</li> <li>2. Bleeding</li> <li>3. Acute HF</li> <li>4. MI</li> <li>5. Other Acute Coronary Syndrome</li> <li>6. Rhythm management for other SVT</li> <li>7. Bradycardia Management</li> <li>8. Rhythm management for VT/VF/SCD</li> <li>9. Other, specify</li> </ol> <p>Date of CV Emergency Department Visit (YYYYMMDD)</p>
Lost to Follow-up	<p>Patient is permanently lost to any further follow-up due to moving or any other administrative or other reason they are no longer included in the database.</p> <p>Date of Last Contact (YYYYMMDD)</p>
Death	<p>Patient died and no longer available for follow-up.</p> <p>Date of Death (YYYYMMDD)</p>

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# PART 1 – PATIENT DEMOGRAPHICS, PHYSICAL EXAMINATION, MEDICAL HISTORY

– Indicate DATE of Data Collection (YYYYMMDD)

NOTE: The following data elements and definitions are specific to this Chapter and should be considered as a supplement to the Core Elements Data Dictionary Chapter.

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Symptoms with Prior Episodes of AF/AFL</b>	ESSENTIAL	<p>Identify the presence of the following symptoms, select all that apply:</p> <ol style="list-style-type: none"> <li>Palpitations <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ol> </li> <li>Dyspnea <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ol> </li> <li>Dizziness, presyncope or syncope <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ol> </li> <li>Chest pain <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ol> </li> <li>Weakness or fatigue <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ol> </li> </ol> <p>Identify the association. Is Atrial Fibrillation/Flutter (AF/AFL), when present, or therapy for AF/AFL, the likely cause of any of the above-listed symptoms (1-5), (as opposed to some other cause)?</p> <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> <p>Assign a CCS-SAF score by determining the patient's functionality related to AF/AFL or therapy for AF/AFL during the last 4 weeks:</p> <ol style="list-style-type: none"> <li>0 = Asymptomatic</li> <li>1 = Minimal impact on QOL</li> <li>2 = Minor impact on QOL</li> <li>3 = Moderate impact on QOL</li> <li>4 = Severe impact on QOL</li> </ol>
<b>Frequency of Prior Symptomatic Episodes with Atrial Fibrillation/Flutter</b>	ESSENTIAL	<p>Patient estimate of average interval between symptomatic episodes in days, weeks, or months.</p> <ol style="list-style-type: none"> <li>Average interval, specify days, weeks or months</li> <li>Not applicable (sporadic or single episode)</li> <li>Not applicable (asymptomatic)</li> <li>Not applicable (continuous)</li> </ol>

<b>Duration of Prior Symptomatic Episodes with Atrial Fibrillation/Flutter</b>	<b>ESSENTIAL</b>	<p>Patient estimate of duration of each of longest, shortest, and usual symptomatic episodes:</p> <p>Duration for longest episode:</p> <ol style="list-style-type: none"> <li>1. Less than 48 hours <ol style="list-style-type: none"> <li>a. less than 5 minutes</li> <li>b. 5 minutes to less than 6 hours</li> <li>c. 6 hours to less than 48 hours</li> </ol> </li> <li>2. 48 hours to 7 days</li> <li>3. 7 days to 3 months</li> <li>4. Longer than 3 months</li> <li>5. Not applicable (asymptomatic)</li> <li>6. Not applicable (continuous)</li> </ol> <p>Duration for shortest episode:</p> <ol style="list-style-type: none"> <li>1. Less than 48 hours <ol style="list-style-type: none"> <li>a. less than 5 minutes</li> <li>b. 5 minutes to less than 6 hours</li> <li>c. 6 hours to less than 48 hours</li> </ol> </li> <li>2. 48 hours to 7 days</li> <li>3. 7 days to 3 months</li> <li>4. Longer than 3 months</li> <li>5. Not applicable (asymptomatic)</li> <li>6. Not applicable (continuous)</li> </ol> <p>Duration for usual symptomatic episode:</p> <ol style="list-style-type: none"> <li>1. Less than 48 hours <ol style="list-style-type: none"> <li>a. less than 5 minutes</li> <li>b. 5 minutes to less than 6 hours</li> <li>c. 6 hours to less than 48 hours</li> </ol> </li> <li>2. 48 hours to 7 days</li> <li>3. 7 days to 3 months</li> <li>4. Longer than 3 months</li> <li>5. Not applicable (asymptomatic)</li> <li>6. Not applicable (continuous)</li> </ol>
<b>On antiarrhythmic drug medication during Electrical Cardioversion</b>	<b>SPECIALIZED</b>	<p>List generic name for antiarrhythmic medication used to augment electrical cardioversion from AF/AFL to normal sinus rhythm.</p> <ol style="list-style-type: none"> <li>1. Amioderone</li> <li>2. Flecainide</li> <li>3. Dofetilide</li> <li>4. Propafenone</li> <li>5. Sotalol</li> <li>6. Dronedaronone</li> <li>7. Procainamide</li> <li>8. Ibutilide</li> <li>9. Other, specify</li> </ol> <p>Indicate route of administration (intravenous or oral) and total daily dose and units. (Include total dose until cardioversion.)</p>

<b>Arrhythmia History - Supraventricular Tachycardias (SVT) Other Than Atrial Fibrillation/Flutter</b>	SPECIALIZED	<p>Indicate the patient's medical history with respect to SVT other than atrial flutter or atrial fibrillation. Select all that apply.</p> <ol style="list-style-type: none"> <li>Yes, select all that apply <ol style="list-style-type: none"> <li>AVRT due to Wolff-Parkinson-White syndrome (manifest accessory AV connection)</li> <li>AV nodal re-entrant tachycardias</li> <li>AVRT with Concealed accessory AV connection</li> <li>Atrial tachycardias</li> <li>Other supraventricular tachycardia (SVT)</li> <li>Unknown</li> </ol> </li> <li>No</li> <li>Unknown</li> </ol>
<b>Family History of Arrhythmias</b>	ESSENTIAL	<p>Indicate if the patient has any family<sup>1</sup> history of atrial flutter or fibrillation. Indicate if there is a family history of other arrhythmias or conduction system disease preceding or unassociated with structural heart disease (e.g. Brugada Syndrome etc.).</p> <ol style="list-style-type: none"> <li>Yes, select <u>all</u> that apply <ol style="list-style-type: none"> <li>Atrial Fibrillation</li> <li>Atrial Flutter</li> <li>Other arrhythmias or conduction disease associated with AF/AFL, specify</li> <li>Unknown</li> </ol> </li> <li>No</li> <li>Unknown</li> </ol> <p>Specific arrhythmia(s) or conduction problem(s) should be stated.</p> <p><sup>1</sup>Family is defined as any direct blood relative of patient (parents, siblings, and children) who have been diagnosed</p>
<b>Evidence for Ventricular Dysfunction (Systolic or Diastolic) Due to Tachyarrhythmias</b>	ESSENTIAL	<p>Indicate if patient has congestive heart failure attributed to sustained (usually &gt;1 week or often longer) tachycardia (usually more than 120 bpm, cycle length &lt;500 ms) that is not attributable to any other cause and shows evidence for improvement after correction of tachycardia, with or without imaging evidence of systolic or diastolic dysfunction.</p> <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ol>
<b>History of Atrial Fibrillation/Flutter<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.

<b>Previously Used Therapeutic Strategies with Atrial Fibrillation/Flutter</b>	SPECIALIZED	<p>Indicate the types of therapeutic strategies that have been employed previously. Select <u>all</u> that apply. (Note: One therapy may apply to more than one category, e.g. amiodarone may be used for rate or rhythm control.)</p> <ol style="list-style-type: none"> <li>1. Rate Control: <ol style="list-style-type: none"> <li>a. Pharmacological</li> <li>b. Non-pharmacological <ol style="list-style-type: none"> <li>i. Ablation only (AV junction modification)</li> <li>ii. Ablation with Pacing (AV junction ablation)</li> </ol> </li> <li>c. Hybrid*</li> <li>d. None</li> </ol> </li> <li>2. Rhythm Control: <ol style="list-style-type: none"> <li>a. Pharmacological</li> <li>b. Non-pharmacological <ol style="list-style-type: none"> <li>i. Ablation</li> <li>ii. Anti-tachycardia Pacing</li> </ol> </li> <li>c. Hybrid*</li> <li>d. None</li> </ol> </li> </ol> <p>*Hybrid is defined as concurrent use of: Pharmacological and Non-pharmacological</p>
<b>Prior Transthoracic Electrical Cardioversion for Atrial Fibrillation/Flutter</b>	SPECIALIZED	<p>Indicate if previous transthoracic electrical cardioversion sessions were attempted and resulted in the absence of AF or AFL. A session may include multiple successive shocks.</p> <ol style="list-style-type: none"> <li>1. Yes (i.e. Attempted) <ol style="list-style-type: none"> <li>a. Successful</li> <li>b. Unsuccessful <ol style="list-style-type: none"> <li>i. Never (No restoration of sinus rhythm)</li> </ol> </li> <li>c. Successful with recurrence <ol style="list-style-type: none"> <li>i. Immediate recurrence, within 1 minute</li> <li>ii. Early recurrence, 1 minute to 24 hours</li> <li>iii. Subacute recurrence, 24 hours to 14 days</li> <li>iv. Late recurrence, &gt; 14 days</li> </ol> </li> <li>d. Unknown</li> </ol> </li> <li>2. No (i.e. Not attempted)</li> <li>3. Unknown</li> </ol>
<b>Prior Pharmacological Cardioversion for Atrial Fibrillation/Flutter</b>	ESSENTIAL	<p>Indicate if previous pharmacological cardioversion for AF/AFL was attempted and resulted in the absence of AF or AFL.</p> <ol style="list-style-type: none"> <li>1. Yes (i.e. Attempted) <ol style="list-style-type: none"> <li>a. Successful (i.e. giving the drug resulted in the absence of AF/Flutter) <ol style="list-style-type: none"> <li>i. List all generic drug names previously used that resulted in the absence of AF or AFL.</li> </ol> </li> <li>b. Unsuccessful <ol style="list-style-type: none"> <li>i. List all generic drug names previously used that did not result in the absence of AF or AFL.</li> </ol> </li> </ol> </li> <li>2. No (i.e. Not attempted)</li> <li>3. Unknown</li> </ol>

<b>History of Sinus Bradycardia/Sick Sinus Syndrome</b>	ESSENTIAL	<p>Patient has a documented history<sup>2</sup> of symptoms due to sinus node dysfunction.</p> <ol style="list-style-type: none"> <li>1. Yes If Yes, manifested by the following, select all that apply: <ol style="list-style-type: none"> <li>a. Sinus bradycardia: Sinus rate 40 to 50 bpm with normal P-wave axis</li> <li>b. Severe sinus bradycardia: Sinus rate less than 40 bpm with normal P-wave axis</li> <li>c. Sinus arrest: Sudden absence of sinus activity</li> <li>d. Sinoatrial exit block: Loss of sinus activity at an interval fixed to that of the basic P-P interval</li> <li>e. Tachycardia-bradycardia syndrome: Paroxysmal tachycardias followed by bradycardia or pauses &gt;4 seconds upon termination</li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>History of Atrioventricular (AV) Block</b>	ESSENTIAL	<p>Patient has a documented history of atrioventricular (AV) block and its highest degree:</p> <ol style="list-style-type: none"> <li>1. Yes If yes, indicate the highest degree (Select only one): <ol style="list-style-type: none"> <li>a. 1st Degree: P-R interval greater than 210 ms</li> <li>b. 2nd Degree: <ol style="list-style-type: none"> <li>i. Mobitz I (Wenckebach): gradual PR prolongation until AV block</li> <li>ii. Mobitz II: fixed PR interval until AV block</li> </ol> </li> <li>c. Advanced AV block (e.g. 2:1, 3:1) with an atrial rate &lt;100</li> <li>d. 3rd Degree (complete heart block): independent atrial and ventricular activity with an atrial rate &lt;100 and faster than the ventricular rate</li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>History of ablation for other than Atrial Fibrillation/Flutter</b>	SPECIALIZED	<p>Patient has a documented history of ablation for other than AF or atrial flutter.</p> <ol style="list-style-type: none"> <li>1. Yes If yes, specify indication, which may include: (Select all that apply) <ol style="list-style-type: none"> <li>a. AVRT due to Wolff-Parkinson-White syndrome (manifest accessory AV connection)</li> <li>b. AV nodal re-entrant tachycardias</li> <li>c. AVRT with Concealed accessory AV connection</li> <li>d. Atrial tachycardia</li> <li>e. Ventricular tachycardia (VT)</li> <li>f. Other supraventricular tachycardia (SVT)</li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>

<sup>2</sup> 'documented history' throughout this document means the patient has been told by a physician that they clearly have this diagnosis or there is a medical record of this diagnosis.

<b>History of Valvular Heart Surgery</b>	ESSENTIAL	<p>Patient has a documented history of valvular heart surgery, specifying type(s) and valve(s).</p> <ol style="list-style-type: none"> <li>1. Yes           <p>If Yes, indicate type of surgery and valve, select all that apply:</p> <ol style="list-style-type: none"> <li>a. Repair</li> <li>b. Replacement               <ol style="list-style-type: none"> <li>i. Bioprosthesis</li> <li>ii. Mechanical</li> <li>iii. TAVI</li> </ol> </li> <li>c. Valve, select all that apply               <ol style="list-style-type: none"> <li>i. Aortic</li> <li>ii. Mitral</li> <li>iii. Other, specify</li> </ol> </li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>Diabetes (Mellitus)^</b>	ESSENTIAL	<p>^ NOTE: This definition is specific to this Chapter and is intentionally different than the Diabetes (Mellitus) defined in the Core Elements chapter.</p> <p>Patient has documented history of diabetes mellitus diagnosed and /or treated by a physician prior to encounter.</p> <ol style="list-style-type: none"> <li>1. Yes.           <p>If yes, indicate diabetes control (select more than one if applicable):</p> <ol style="list-style-type: none"> <li>a. None</li> <li>b. Diet</li> <li>c. Oral hypoglycemic agent</li> <li>d. Insulin</li> <li>e. Non-insulin injectables</li> <li>f. Other, specify</li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>

<b>History of Valvular Heart Disease</b>	ESSENTIAL	<p>Patient has a documented history of moderate or severe stenosis or regurgitation with or without previous valve surgery.</p> <ol style="list-style-type: none"> <li>1. Yes (select all that apply) If Yes, indicate severity and valve <ol style="list-style-type: none"> <li>a. Moderate stenosis, indicate valve(s) involved (select all that apply) <ol style="list-style-type: none"> <li>i. Aortic</li> <li>ii. Mitral</li> <li>iii. Other, specify</li> </ol> </li> <li>b. Severe stenosis, indicate valve(s) involved (select all that apply) <ol style="list-style-type: none"> <li>i. Aortic</li> <li>ii. Mitral</li> <li>iii. Other, specify</li> </ol> </li> <li>c. Moderate regurgitation, indicate valve(s) involved (select all that apply) <ol style="list-style-type: none"> <li>i. Aortic</li> <li>ii. Mitral</li> <li>iii. Other, specify</li> </ol> </li> <li>d. Severe regurgitation, indicate valve(s) involved (select all that apply) <ol style="list-style-type: none"> <li>i. Aortic</li> <li>ii. Mitral</li> <li>iii. Other, specify</li> </ol> </li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol> <p>Date of onset (first diagnosis) may be helpful.</p>
<b>History of thyroid disease</b>	ESSENTIAL	<p>Patient has a documented history of hyperthyroidism or hypothyroidism.</p> <ol style="list-style-type: none"> <li>1. Yes, If yes, indicate type: <ol style="list-style-type: none"> <li>a. Hyperthyroidism, indicate if patient has a documented history of prior radioactive iodine treatment or prior medical treatment for hyperthyroidism <ol style="list-style-type: none"> <li>i. Yes</li> <li>ii. No</li> <li>iii. Unknown</li> </ol> </li> <li>b. Hypothyroidism <ol style="list-style-type: none"> <li>i. Yes If yes, hormone replacement <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol> </li> <li>ii. No</li> <li>iii. Unknown</li> </ol> </li> </ol> </li> <li>2. No</li> </ol>
<b>Hypertension<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>History of Non-ischemic Cardiomyopathy</b>	ESSENTIAL	<p>Patient has a documented history of cardiomyopathy.</p> <ol style="list-style-type: none"> <li>1. Yes If yes, indicate <ol style="list-style-type: none"> <li>a. Hypertrophic <ol style="list-style-type: none"> <li>i. Non-obstructive, non-hypertensive</li> <li>ii. Obstructive</li> </ol> </li> <li>b. Dilated</li> <li>c. Other, specify</li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>

<b>History of chronic liver disease</b>	ESSENTIAL	<p>Patient has a documented history cirrhosis or chronic liver disease.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>History of Pulmonary Hypertension</b>	ESSENTIAL	<p>Patient has a documented history of a systolic pulmonary artery pressure &gt;35 mm Hg measured at rest by right-heart catheterization or estimated from echocardiogram.</p> <ol style="list-style-type: none"> <li>1. Yes If yes, specify etiology: <ol style="list-style-type: none"> <li>a. Primary</li> <li>b. Secondary – Heart Disease</li> <li>c. Secondary – Lung Disease</li> <li>d. Mixed</li> <li>e. Unknown</li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>Prior Cerebrovascular Disease<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Prior Cerebrovascular Accident CVA / Stroke</b>	ESSENTIAL	<p>Patient has a documented history of cerebrovascular accident (CVA)/stroke (ischemic, hemorrhagic or unknown type) as evidenced by a persistent neurological deficit.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>History of Ischemic Heart Disease</b>	ESSENTIAL	<p>Patient has a documented history of <u>any</u> ischemic heart disease.</p> <ol style="list-style-type: none"> <li>1. History of MI, Patient has had at least one documented MI prior to this encounter. NOTE: History (a patient provided history) of MI should be coded "yes" only for MIs that occurred prior to the first onset of symptoms that led to this episode of care. Code "No" if the patient's only MI occurred at any transferring facility (i.e. AF/AFL during acute MI). <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Unknown</li> </ol> </li> <li>2. History of Angina, Patient has a documented history of angina diagnosed and/or treated by a physician. <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Unknown</li> </ol> </li> <li>3. Prior PCI, Patient has had a previous PCI; includes any attempted PCI whether successful or not prior to this encounter. <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Unknown</li> </ol> </li> <li>4. Prior CABG, Patient has had a previous coronary artery bypass graft (CABG) surgery prior to this encounter. <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Unknown</li> </ol> </li> </ol>
<b>Peripheral Arterial Disease<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.

<b>History of intracranial hemorrhage other than stroke</b>	ESSENTIAL	<p>Patient has a documented history of any prior bleeding into or around the brain that is not a stroke.</p> <ol style="list-style-type: none"> <li>1. Yes <ol style="list-style-type: none"> <li>a. If yes, categories include: <ol style="list-style-type: none"> <li>i. Subarachnoid hemorrhage</li> <li>ii. Other (including subdural and epidural hematomas), specify</li> <li>iii. Unknown</li> </ol> </li> <li>b. If yes, indicate whether documented by: <ol style="list-style-type: none"> <li>i. CT</li> <li>ii. MRI</li> </ol> </li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>History of other hemorrhage</b>	ESSENTIAL	<p>Patient has a documented history of bleeding.</p> <ol style="list-style-type: none"> <li>1. Yes <p>If yes, define according to the following criteria:</p> <ol style="list-style-type: none"> <li>a. Major: Overt bleeding leading to transfusion of at least 2 units of whole blood or erythrocytes, requiring hospitalization or surgery, resulting in permanent disability, or involving a critical anatomic site (retroperitoneal, pericardial, intraspinal, intracranial, atraumatic intra-articular, or intra-ocular bleeding associated with abrupt deterioration of visual acuity).</li> <li>b. Clinically overt (but not major)</li> <li>c. Occult (e.g. asymptomatic guaiac-positive stool). Include amount of hemoglobin drop and the time interval if data available.</li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>History of sleep apnea</b>	ESSENTIAL	<p>Patient has a documented history of sleep apnea.</p> <ol style="list-style-type: none"> <li>1. Yes <p>If yes, defined as:</p> <ol style="list-style-type: none"> <li>a. Obstructive sleep apnea: recurrent collapse of the pharynx during sleep</li> <li>b. Central sleep apnea: transient cessation of neural drive to respiratory muscles</li> <li>c. Mixed</li> <li>d. Unknown</li> </ol> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>History of pacemaker insertion</b>	ESSENTIAL	<p>Indicate whether the patient has or has had a pacemaker inserted.</p> <ol style="list-style-type: none"> <li>1. Yes <ol style="list-style-type: none"> <li>a. If yes, select all that apply: <ol style="list-style-type: none"> <li>i. Single chamber (atrial)</li> <li>ii. Single chamber (ventricular)</li> <li>iii. Dual chamber (both atrial and ventricular, but not CRT)</li> <li>iv. CRT of any type</li> </ol> </li> <li>b. If yes, specify indication (Select all that apply): <ol style="list-style-type: none"> <li>i. Sinus node dysfunction</li> <li>ii. AV block</li> <li>iii. Congestive heart failure</li> <li>iv. Atrial fibrillation</li> <li>v. Unknown</li> </ol> </li> </ol> </li> <li>2. No</li> </ol>
<b>COPD<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.

<b>Asthma</b>	ESSENTIAL	<p>Patient has isolated asthma (reactive airways disease responding to bronchodilators)</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>Current pacing mode</b>	SPECIALIZED	<p>Indicate the current pacing mode, select one:</p> <ol style="list-style-type: none"> <li>1. VVI</li> <li>2. DDD</li> <li>3. DDI</li> <li>4. AAI</li> <li>5. Other (specify)</li> </ol> <p>Indicate Rate responsiveness:</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <p>Indicate CRT:</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
<b>History of intracardiac cardioverter defibrillator (ICD) insertion</b>	SPECIALIZED	<p>Indicate whether the patient has or has had an intracardiac defibrillator inserted.</p> <ol style="list-style-type: none"> <li>1. Yes <ul style="list-style-type: none"> <li>If yes, specify type: <ol style="list-style-type: none"> <li>a. VVI</li> <li>b. DDD</li> <li>c. Other, specify</li> </ol> </li> </ul> </li> <li>2. No</li> </ol> <p>Indicate Rate responsiveness:</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <p>Indicate CRT:</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <p>Specify indication, select one:</p> <ol style="list-style-type: none"> <li>1. Secondary prevention of cardiac arrest</li> <li>2. Primary prevention of cardiac arrest. High risk for ventricular tachycardia/fibrillation (e.g. ischemic cardiomyopathy, non-ischemic cardiomyopathy, hypertrophic cardiomyopathy, Brugada syndrome, long-QT syndrome, arrhythmogenic right ventricular cardiomyopathy)</li> <li>3. Syncope with inducible ventricular tachycardia</li> <li>4. Unexplained syncope</li> <li>5. Other, specify</li> </ol>

<b>CHADS<sub>2</sub> score</b>	ESSENTIAL	<p>Indicate if any of the elements for CHADS<sub>2</sub> score are present in the medical record. Select all that apply.</p> <ol style="list-style-type: none"> <li>History of Congestive Heart Failure <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>History of Hypertension <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>Age ≥75 years <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>History of Diabetes Mellitus <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>History of Prior Stroke, TIA (Transient ischemic attack) <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> </ol> <p>Indicate if the actual CHADS<sub>2</sub> score is calculated and present in the medical record.</p> <ol style="list-style-type: none"> <li>Yes <ol style="list-style-type: none"> <li>Specify the CHADS<sub>2</sub> score</li> <li>Indicate the Date of the current (most recent) CHADS<sub>2</sub> score</li> </ol> </li> <li>No</li> </ol>
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASc score</b>	ESSENTIAL	<p>Indicate if the elements for CHA<sub>2</sub>DS<sub>2</sub>-VASc score are present in the medical record.</p> <ol style="list-style-type: none"> <li>History of Congestive Heart Failure or LV dysfunction (severe systolic dysfunction where LVEF ≤40) <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>History of Hypertension <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>Age ≥75 years <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>History of Diabetes Mellitus <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>History of Prior Stroke or TIA (Transient ischemic attack) or systemic thrombo-embolism <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>Vascular disease (prior MI, peripheral arterial disease, aortic plaque) <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>Age 65 - 74 years <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> <li>Female Sex <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> </li> </ol> <p>Indicate if the actual CHA<sub>2</sub>DS<sub>2</sub>-VASc score is calculated and present in the medical record.</p> <ol style="list-style-type: none"> <li>Yes <ol style="list-style-type: none"> <li>Specify the CHA<sub>2</sub>DS<sub>2</sub>-VASc score</li> <li>Indicate the Date of the current (most recent) CHA<sub>2</sub>DS<sub>2</sub>-VASc score</li> </ol> </li> <li>No</li> </ol>

<b>AS-BLED score</b>	<b>ESSENTIAL</b>	<p>Indicate if the elements for HAS-BLED score are present in the medical record.</p> <ol style="list-style-type: none"> <li>1. Hypertension (SBP &gt;160 mm Hg) <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ol> </li> <li>2. Abnormal renal function (CrCl &lt;50 ml/min) <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ol> </li> <li>3. Abnormal liver function <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ol> </li> <li>4. Prior Stroke <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ol> </li> <li>5. History of clinically significant bleeding <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ol> </li> <li>6. Labile INR (TTR &lt;60%) <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ol> </li> <li>7. Elderly &gt;75 <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ol> </li> <li>8. Drugs (Aspirin or nonsteroidal anti-inflammatory drug) <ol style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ol> </li> </ol> <p>Indicate if the actual HAS-BLED score is calculated and present in the medical record.</p> <ol style="list-style-type: none"> <li>1. Yes <ol style="list-style-type: none"> <li>a. Specify the HAS-BLED score</li> <li>b. Indicate the Date of the current (most recent) HAS-BLED score</li> </ol> </li> <li>2. No</li> </ol>
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## PART 2 – BRIEF PATIENT SUMMARY

– Indicate DATE of Patient Summary (YYYYMMDD)

NOTE: The following data elements and definitions are specific to this Chapter and should be considered as a supplement to the Core Elements Data Dictionary Chapter.

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Classification of qualifying Atrial Fibrillation/Flutter episode</b>	ESSENTIAL	<p>Indicate Date of Qualifying AF/AFL (YYYYMMDD)</p> <p>Most recent or current presenting episode recorded that qualified the person for enrolment.</p> <ol style="list-style-type: none"> <li>1. Newly Diagnosed <ol style="list-style-type: none"> <li>a. Yes, indicate Date of Newly Diagnosed AF/AFL (YYYYMMDD) and type: <ol style="list-style-type: none"> <li>i. Paroxysmal AF/AFL: AF/AFL is self-terminating within 7 days of recognized onset</li> <li>ii. Persistent AF/AFL: AF/AFL is not self-terminating within 7 days or is terminated electrically or pharmacologically</li> <li>iii. Longstanding persistent present &gt;1 year</li> <li>iv. Permanent AF/AFL: Accepted AF/AFL and Cardioversion failed or not attempted</li> </ol> </li> <li>b. No</li> </ol> </li> <li>2. Recurrent AF (≥2 episodes) <ol style="list-style-type: none"> <li>a. Yes,: <ol style="list-style-type: none"> <li>i. Paroxysmal AF/AFL: AF/AFL is self-terminating within 7 days of recognized onset</li> <li>ii. Persistent AF/AFL: AF/AFL is not self-terminating within 7 days or is terminated electrically or pharmacologically</li> <li>iii. Longstanding persistent present &gt;1 year</li> <li>iv. Permanent AF/AFL: Accepted AF/AFL and Cardioversion failed or not attempted</li> </ol> </li> <li>b. No</li> </ol> </li> </ol> <p>*Newly-detected and Recurrent can in addition be characterized as paroxysmal, persistent, long-standing persistent or permanent.</p> <p><b>NB: This is classification of an individual most recent or current presenting episode of AF/AFL. See below “Patient Classification” for classification of patient.</b></p>
<b>Atrial Fibrillation/Flutter due to transient or reversible cause (“situational AFL/AF”)</b>	ESSENTIAL	<p>Indicate whether the qualifying AF/AFL is due to a transient or reversible cause, i.e. “situational AF/AFL”.</p> <ol style="list-style-type: none"> <li>1. Yes <p>If yes, select <u>all</u> that apply</p> <ol style="list-style-type: none"> <li>a. Postoperative from cardiac surgery</li> <li>b. Postoperative from non-cardiac thoracic surgery</li> <li>c. Postoperative from non-cardiac, non-thoracic surgery</li> <li>d. Pericarditis</li> <li>e. Lung disease</li> <li>f. Exacerbation of COPD</li> <li>g. Pneumonia</li> <li>h. Excessive adrenergic agent bronchial dilators</li> <li>i. Hyperthyroidism or overdose of hormone replacement therapy</li> <li>j. Alcohol excess</li> <li>k. Other “situational” AF/AFL, specify</li> </ol> </li> <li>2. No</li> </ol>

<b>Predominant cardiac diagnosis</b>	Essential	<p>Patient has a documented history of a predominant cardiac diagnosis of <u>one</u> of the following:</p> <ol style="list-style-type: none"> <li>Yes <ul style="list-style-type: none"> <li>If yes, please specify: <ol style="list-style-type: none"> <li>Valvular heart disease; moderate to severe valve dysfunction or previous valve surgery</li> <li>Hypertrophic cardiomyopathy. Exclude concentric left ventricular hypertrophy of hypertensive heart disease.</li> <li>Non-ischemic dilated cardiomyopathy</li> <li>Other cardiomyopathy, specify</li> <li>Ischemic heart disease, with or without left ventricular dysfunction (prior documented myocardial infarction, angina, coronary revascularization)</li> <li>Coronary artery disease without ischemic heart disease (stenosis of coronary artery on angiography greater than or equal to 50%; without #5)</li> <li>Congenital heart disease</li> <li>Other heart disease, specify</li> <li>Hypertension, with or without left ventricular hypertrophy and diastolic dysfunction</li> </ol> </li> </ul> </li> <li>No underlying structural or functional heart disease or hypertension</li> <li>Unknown</li> </ol>
<b>Patient classification according to Atrial Fibrillation/Flutter episodes</b>	ESSENTIAL	<p>Classify current status of the patient based on the episodes of AF/AFL within the past 12 months. Select one.</p> <ol style="list-style-type: none"> <li>Newly Diagnosed: Patient with a first-ECG documented episode lasting less than 6 months or within 6 months if paroxysmal or cardioverted</li> <li>Paroxysmal: Patient with history of 2 or more episodes of paroxysmal AF/AFL only</li> <li>Persistent: Patient with history of 2 or more episodes of persistent AF/AFL only</li> <li>Mixed Paroxysmal/Persistent: Patient with history of 2 or more episodes of AF/AFL of either paroxysmal or persistent type (at least 1 of each type)</li> <li>Long standing persistent: continuous AF that has been present for &gt;1 year</li> <li>Permanent: Patient with history of 2 or more episodes of AF/AFL with at least 1 episode of permanent AF/AFL, or a first-detected episode lasting more than 6 months for which no attempt or no further attempt to restore sinus rhythm is planned</li> </ol> <p><b>(See above “Qualifying Rhythm” for definitions of episode classification.)</b></p>

## PART 3 – LABORATORY TESTS AND LVEF AT ENCOUNTER (MOST RECENT)

NOTE: The following data elements and definitions are specific to this Chapter and should be considered as a supplement to the Core Elements Data Dictionary Chapter.

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Hemoglobin</b>	ESSENTIAL	Record the most recent hemoglobin (HGB) value in g/L and Date of test (YYYYMMDD).
<b>Platelets</b>	SPECIALIZED	Record most recent platelet count and include Date of test (YYYYMMDD).
<b>Thyroid Function Tests</b>	ESSENTIAL	Record the most recent thyroid function test results and Date of test (YYYYMMDD). <ol style="list-style-type: none"> <li>1. Thyroid-stimulating hormone level (mU/mL)</li> <li>2. Free T4 (pmol/L)</li> <li>3. Total T3 (nmol/L)</li> </ol>
<b>Liver function/assessment</b>	ESSENTIAL	Record the most recent liver function/assessment and Date of test (YYYYMMDD). (Select <u>all</u> that apply) <ol style="list-style-type: none"> <li>1. Total bilirubin (umol/L)</li> <li>2. Alkaline phosphatase (U/L)</li> <li>3. Aspartate transaminase (AST) (U/L)</li> <li>4. Alanine transaminase (ALT) (U/L)</li> <li>5. Other Specify</li> </ol>
<b>Potassium</b>	ESSENTIAL	Record the most recent serum potassium (mmol/L) and Date of test (YYYYMMDD).
<b>Magnesium</b>	SPECIALIZED	Record the most recent serum magnesium (mmol/L) and Date of test (YYYYMMDD).
<b>International Normalized Ratio (INR)</b>	ESSENTIAL	Record the most recent INR and Date of test (YYYYMMDD).
<b>(LV) function^</b>	ESSENTIAL	^Refer to Core Elements chapter for definition
<b>Creatinine and/or eGFR</b>	ESSENTIAL	Indicate most recent value and Date of test (YYYYMMDD). <ol style="list-style-type: none"> <li>1. Creatinine µmol/L</li> <li>2. eGFR ml/min/1.73m sq (provide method for estimation of GFR) <ol style="list-style-type: none"> <li>a. Cockcroft-Gault</li> <li>b. Modified MDRD</li> <li>c. Other, please specify</li> </ol> </li> </ol>

## PART 4 – OTHER TESTS AT ENCOUNTER (MOST RECENT)

### A. ELECTROCARDIOGRAPHY

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Electrocardiography Date</b>	ESSENTIAL	Indicate the Date of the Electrocardiography (YYYYMMDD).
<b>Rhythm</b>	ESSENTIAL	<p>Indicate categories of rhythm present. Select <u>all</u> that apply:</p> <ol style="list-style-type: none"> <li>1. Sinus rhythm</li> <li>2. Atrial fibrillation</li> <li>3. Atrial flutter</li> <li>4. Paced <ol style="list-style-type: none"> <li>a. Atrial paced – AAI, DDD, etc.</li> <li>b. Ventricular paced only – VVI*</li> </ol> </li> <li>5. Other, specify (e.g., ventricular tachycardia, supraventricular tachycardia)</li> </ol> <p>*can apply in addition to #1-3</p>
<b>Heart rate on ECG</b>	ESSENTIAL	<p>Heart rate (beats per minute) as measured on ECG. Recommended count QRS complexes over at least 10-15 seconds. If 10 seconds multiply by 6; 12 seconds multiply by 5; if 15 seconds multiply by 4.*</p> <p>*Automated ECG heart rates are often inaccurate during AF with HR &gt;85 per minute</p>
<b>Previous MI</b>	ESSENTIAL	<p>Indicate whether pathological Q waves are present on ECG.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>Left ventricular hypertrophy</b>	ESSENTIAL	<p>Indicate presence of left ventricular hypertrophy. If yes, specify criteria. The following criteria have been validated prospectively in clinical studies.</p> <ol style="list-style-type: none"> <li>1. Yes, if yes specify <ol style="list-style-type: none"> <li>a. Sokolow-Lyon Voltage: S in V1 R V5 or V6 greater than 38 mm (does not require gender or age adjustment)</li> <li>b. Cornell Voltage: R avL S V3 greater than 20 mm in females or 28 mm in males</li> <li>c. Cornell Product: Cornell voltage times the QRS duration greater than 2440 (in females, 6 mm is added to their Cornell voltage)</li> </ol> </li> <li>2. No</li> </ol>
<b>Complete bundle-branch block</b>	ESSENTIAL	<p>Specify whether any of the following are present, defined as QRS more than 120 milliseconds.</p> <ol style="list-style-type: none"> <li>1. Yes, if yes specify: <ol style="list-style-type: none"> <li>a. Right bundle-branch block</li> <li>b. Left bundle-branch block</li> <li>c. Nonspecific intraventricular conduction delay</li> </ol> </li> <li>2. No</li> </ol>

<b>Pre-excitation</b>	SPECIALIZED	PR interval <100 msec and indicate whether characteristic delta wave is present. 1. PR <100 msec a. Yes b. No 2. Delta wave a. Yes b. No
<b>Atrial abnormality</b>	ESSENTIAL	Indicate whether left, right, or biatrial abnormality is present. 1. Yes, specify a. Left b. Right c. Biatrial 2. No
<b>P-wave duration</b>	OPTIONAL	Indicate the longest/widest P-wave in any of the 12 leads (milliseconds).
<b>PR interval</b>	ESSENTIAL	Longest measured time from onset of P-wave to onset of QRS complex in any given ECG lead.
<b>QT interval</b>	SPECIALIZED	Indicate the QT interval: 1. Measurement of the average QT interval and heart rate of ECG recording of multiple (at least 3) ECG leads. • Regular RR intervals, only need one, use the longest of the 12 leads. • Irregular RR intervals, average across 3 consecutive beats  NOTE: QT is measured from the earliest onset of the QRS to the latest termination of the T wave in these leads. (The U wave should be excluded from the measurement. The T wave should be extrapolated as the tangent to the maximum downstroke to the isoelectric baseline.)
<b>Corrected QT (QTc) interval</b>	SPECIALIZED	Indicate the corrected QT (QTc) interval.  NOTE: The correction of the QT interval for heart rate (QTc) can be performed by many techniques, but the simplest and most widely used is the Bazett formula: QTc measured QT/square root of the preceding RR interval in seconds.

## B. ECHOCARDIOGRAPHY

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Echocardiography Date</b>	ESSENTIAL	Indicate the Date of the Echocardiography (YYYYMMDD).
<b>Left atrial antero-posterior dimension</b>	ESSENTIAL	Record the left atrial antero-posterior dimension, using the “leading edge to leading edge” method, in centimeters (cm), measured in the parasternal long-axis view at end-ventricular systole.
<b>Left atrial volume index</b>	ESSENTIAL	On two-dimensional imaging, using the left atrial areas traced in the four- and two-chamber views as calculated by the ASE recommended standardized methods* (ml/m sq).  *Source: J Am Soc Echocardiogr 2005;18:1440-1463

<b>Left ventricular AP diastolic dimension</b>	SPECIALIZED	Record the left ventricular antero-posterior dimension measured at end ventricular diastole, in centimeters (cm).
<b>Left ventricular AP systolic dimension</b>	SPECIALIZED	Left ventricular antero-posterior dimension measured at the end of ventricular systole, in centimeters (cm).
<b>Left Ventricular Systolic function</b>	ESSENTIAL	<p>NOTE: This definition is specific to this Chapter and is intentionally different than the 'LV Function' defined in the Core Elements chapter.</p> <p>Provide the most recent estimated or calculated left ventricular systolic function, as the percentage of blood emptied from the left ventricle at the end of the contraction.</p> <p>Enter actual number, if available.</p> <p>If actual number not available, select the appropriate category (<i>category source: CARDS</i>):</p> <ol style="list-style-type: none"> <li>1. Normal (&gt;50%)</li> <li>2. Slightly reduced (41-50%)</li> <li>3. Moderately reduced (31-40%)</li> <li>4. Severely reduced (<math>\leq 30\%</math>)</li> <li>5. LV function not assessed</li> <li>6. Unknown</li> </ol> <p>Indicate the method used:</p> <ol style="list-style-type: none"> <li>1. Visual estimation</li> <li>2. Apical two-chamber method of discs</li> <li>3. Apical four-chamber method of discs</li> <li>4. Biplane method of discs</li> </ol>
<b>Left ventricular diastolic function</b>	SPECIALIZED	<p>Indicate the left ventricular diastolic function, from the following categories:</p> <ol style="list-style-type: none"> <li>1. Normal</li> <li>2. Impaired relaxation (Grade I)</li> <li>3. Pseudonormal (Grade II)</li> <li>4. Restrictive (Grade III)</li> <li>5. Not obtained</li> </ol>
<b>Left ventricular wall thickness</b>	ESSENTIAL	Record the left ventricular end-diastolic thickness of septal and posterior walls as measured in the parasternal long-axis view, in centimeters (cm).

<b>Thrombus with location</b>	SPECIALIZED	<p>Specify the Thrombus type, location and method used. Indicate the most dense.</p> <p>Specify Thrombus type:</p> <ol style="list-style-type: none"> <li>1. Definite</li> <li>2. Probable</li> <li>3. Possible</li> </ol> <p>Specify location:</p> <ol style="list-style-type: none"> <li>1. Left atrial appendage</li> <li>2. Left atrium</li> <li>3. Left ventricle</li> </ol> <p>Specify method used:</p> <ol style="list-style-type: none"> <li>1. TTE</li> <li>2. TEE</li> </ol>
<b>Spontaneous echo contrast with location</b>	SPECIALIZED	<p>Indicate the spontaneous echo contrast type, location and method used.</p> <p>Specify spontaneous echo contrast type:</p> <ol style="list-style-type: none"> <li>1. None</li> <li>2. Faint</li> <li>3. Dense</li> </ol> <p>Specify location:</p> <ol style="list-style-type: none"> <li>1. Left atrial appendage</li> <li>2. Left atrium</li> <li>3. Left ventricle</li> </ol> <p>Specify method used:</p> <ol style="list-style-type: none"> <li>1. TTE</li> <li>2. TEE</li> </ol>
<b>Left Atrial Appendage Velocity</b>	SPECIALIZED	<p>Record the left atrial appendage outflow velocity (cm/sec) pre-cardioversion. If applicable.</p> <p>Record the left atrial appendage outflow velocity (cm/sec) post cardioversion. If applicable.</p>
<b>Mitral valve morphology</b>	ESSENTIAL	<p>Indicate the predominant assessment mitral valve morphology, as:</p> <ol style="list-style-type: none"> <li>1. Normal</li> <li>2. Rheumatic</li> <li>3. Prolapse</li> <li>4. Flail</li> <li>5. Prosthetic</li> <li>6. Other abnormal, specify</li> </ol>
<b>Mitral stenosis</b>	SPECIALIZED	<p>Record the mitral valve area estimated, in cm<sup>2</sup>, from the pressure half-time of the left ventricular inflow (220/pressure half-time).</p> <p>Record the calculation method:</p> <ol style="list-style-type: none"> <li>1. Continuity equation</li> <li>2. PISA</li> <li>3. T1/2 time</li> <li>4. Planimetry</li> </ol>

<b>Mitral regurgitation</b>	ESSENTIAL	<p>Using the ASE grading*, indicate the severity of mitral regurgitation:</p> <ol style="list-style-type: none"> <li>1. None</li> <li>2. Mild</li> <li>3. Mild to moderate</li> <li>4. Moderate</li> <li>5. Moderate to severe</li> <li>6. Severe</li> </ol> <p>*Source: Table 3, J Am Soc Echocardiogr 2003;16:777-802</p>
<b>Other valvular disease (continued on next page)</b>	SPECIALIZED	<p>List other valvular disease, by valve, disease and level of severity. Indicate all that apply.</p> <ol style="list-style-type: none"> <li>1. Aortic <ol style="list-style-type: none"> <li>a. Regurgitation <ol style="list-style-type: none"> <li>i. None</li> <li>ii. Mild</li> <li>iii. Mild to moderate</li> <li>iv. Moderate</li> <li>v. Moderate to severe</li> <li>vi. Severe</li> </ol> </li> <li>b. Stenosis <ol style="list-style-type: none"> <li>i. None</li> <li>ii. Mild</li> <li>iii. Mild to moderate</li> <li>iv. Moderate</li> <li>v. Moderate to severe</li> <li>vi. Severe</li> </ol> </li> <li>c. Record aortic valve area (cm) and area index (cm/1.73m sq) and specify method of calculation.</li> </ol> </li> <li>2. Tricuspid <ol style="list-style-type: none"> <li>a. Regurgitation <ol style="list-style-type: none"> <li>i. None</li> <li>ii. Mild</li> <li>iii. Mild to moderate</li> <li>iv. Moderate</li> <li>v. Moderate to severe</li> <li>vi. Severe</li> </ol> </li> <li>b. Stenosis <ol style="list-style-type: none"> <li>i. None</li> <li>ii. Mild</li> <li>iii. Mild to moderate</li> <li>iv. Moderate</li> <li>v. Moderate to severe</li> <li>vi. Severe</li> </ol> </li> </ol> </li> </ol>

<b>Other valvular disease (continued)</b>	SPECIALIZED	3. Pulmonary <ul style="list-style-type: none"> <li>a. Regurgitation               <ul style="list-style-type: none"> <li>i. None</li> <li>ii. Mild</li> <li>iii. Mild to moderate</li> <li>iv. Moderate</li> <li>v. Moderate to severe</li> <li>vi. Severe</li> </ul> </li> <li>b. Stenosis               <ul style="list-style-type: none"> <li>i. None</li> <li>ii. Mild</li> <li>iii. Mild to moderate</li> <li>iv. Moderate</li> <li>v. Moderate to severe</li> <li>vi. Severe</li> </ul> </li> </ul>
<b>Aortic plaque</b>	ESSENTIAL	Indicate the presence of aortic plaque. <ul style="list-style-type: none"> <li>1. None</li> <li>2. Small (less than 1 mm)</li> <li>3. Moderate (1 to 4 mm)</li> <li>4. Large (greater than 4 mm)</li> <li>5. Mobile</li> <li>6. Unknown</li> </ul>

### C. STRESS TEST WITH MYOCARDIAL PERFUSION IMAGING

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Stress Test Date</b>	SPECIALIZED	Indicate the Date of the Stress Test (YYYYMMDD).
<b>Stress Test</b>	SPECIALIZED	1. Yes, continue to complete the remainder of the data elements within this section. 2. No, skip to next section 3. Unknown, skip to next section
<b>Fixed defect/Old infarction</b>	SPECIALIZED	Indication of fixed defect in keeping with old infarction. <ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ul>
<b>Ischemia Present/Absent</b>	SPECIALIZED	Indicate the presence or absence of myocardial ischemia as indicated by regional reversible myocardial perfusion defect. <ul style="list-style-type: none"> <li>1. Present</li> <li>2. Absent</li> </ul>

<b>Left Ventricular Systolic function</b>	SPECIALIZED	<p>NOTE: This definition is specific to this Chapter and is intentionally different than the 'LV Function' defined in the Core Elements chapter.</p> <p>Provide the most recent estimated or calculated left ventricular systolic function, as the percentage of blood emptied from the left ventricle at the end of the contraction.</p> <p>Enter actual number, if available.</p> <p>If actual number not available, select the appropriate category (<i>category source: CARDS</i>):</p> <ol style="list-style-type: none"> <li>1. Normal (&gt;50%)</li> <li>2. Slightly reduced (41-50%)</li> <li>3. Moderately reduced (31-40%)</li> <li>4. Severely reduced (<math>\leq 30\%</math>)</li> <li>5. LV function not assessed</li> <li>6. Unknown</li> </ol>
<b>Pulmonary Hypertension</b>	SPECIALIZED	<p>Lung uptake ratio indicating pulmonary hypertension.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol>

#### D. CARDIAC CATH/ANGIOGRAPHY

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Cardiac CATH/Angiography Date</b>	SPECIALIZED	Indicate the Date of the Cardiac CATH/Angiography (YYYYMMDD).
<b>Cardiac CATH/Angiography</b>	SPECIALIZED	<ol style="list-style-type: none"> <li>1. Yes, complete this section</li> <li>2. No, skip to the next section</li> <li>3. Unknown, skip to the next section</li> </ol>
<b>Coronary Lesions</b>	SPECIALIZED	<ol style="list-style-type: none"> <li>1. Normal (&lt; 20% stenosis in all epicardial vessels)</li> <li>2. Obstructive (&gt; 50% in one or more vessels) <ol style="list-style-type: none"> <li>a. Yes, if yes, select one: <ol style="list-style-type: none"> <li>i. Single vessel. Indicate if LM or Prox LAD involvement <ol style="list-style-type: none"> <li>1. Neither</li> <li>2. Yes, specify <ol style="list-style-type: none"> <li>a. &gt;50% LM</li> <li>b. &gt;50% Prox LAD</li> </ol> </li> </ol> </li> <li>ii. Two vessel. Indicate if LM or Prox LAD involvement <ol style="list-style-type: none"> <li>1. Neither</li> <li>2. Yes, (Select <u>all</u> that apply) <ol style="list-style-type: none"> <li>a. &gt;50% LM</li> <li>b. &gt;50% Prox LAD</li> </ol> </li> </ol> </li> <li>iii. Three vessel. Indicate if LM or Prox LAD involvement <ol style="list-style-type: none"> <li>1. Neither</li> <li>2. Yes, (Select <u>all</u> that apply) <ol style="list-style-type: none"> <li>a. &gt;50% LM</li> <li>b. &gt;50% Prox LAD</li> </ol> </li> </ol> </li> </ol> </li> <li>b. No</li> </ol> </li> </ol>

<b>Segmental Wall Motion Abnormality</b>	SPECIALIZED	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>LV Aneurysm</b>	SPECIALIZED	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>Mitral Valve Disease</b>	SPECIALIZED	<p>Regurgitation</p> <ol style="list-style-type: none"> <li>1. Yes, Indicate the severity of mitral regurgitation <ol style="list-style-type: none"> <li>a. None</li> <li>b. Mild</li> <li>c. Mild to moderate</li> <li>d. Moderate</li> <li>e. Moderate to severe</li> <li>f. Severe</li> </ol> </li> <li>2. No</li> </ol> <p>Stenosis</p> <ol style="list-style-type: none"> <li>1. Yes, Indicate the mean and peak gradient and valve area index</li> <li>2. No</li> </ol>
<b>Aortic Valve Disease</b>	SPECIALIZED	<p>Regurgitation</p> <ol style="list-style-type: none"> <li>1. Yes, Indicate the severity of mitral regurgitation <ol style="list-style-type: none"> <li>a. None</li> <li>b. Mild</li> <li>c. Mild to moderate</li> <li>d. Moderate</li> <li>e. Moderate to severe</li> <li>f. Severe</li> </ol> </li> <li>2. No</li> </ol> <p>Stenosis</p> <ol style="list-style-type: none"> <li>1. Yes, Indicate the mean and peak gradient and valve area index</li> <li>2. No</li> </ol>
<b>LVEDP</b>	SPECIALIZED	Record the LVEDP in mm Hg.

#### E. CARDIAC MAGNETIC RESONANCE IMAGING FOR TISSUE CHARACTERIZATION

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Cardiac MRI Date</b>	SPECIALIZED	Indicate the Date of the Cardiac Magnetic Resonance Imaging (YYYYMMDD).
<b>Cardiac Magnetic Resonance</b>	SPECIALIZED	<ol style="list-style-type: none"> <li>1. Yes, continue to complete the remainder of the data elements within this section.</li> <li>2. No, skip to next section</li> <li>3. Unknown, skip to the next section</li> </ol>
<b>Edema – Ischemic</b>	SPECIALIZED	<p>Indicate the presence of edema typical for ischemia – regional and subendocardial.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>

<b>Edema – Myocarditis</b>	SPECIALIZED	Indicate the presence of edema typical for acute myocarditis – diffuse and mid-wall. 1. Yes 2. No
<b>Late Gadolinium Enhancement - Ischemic Scar</b>	SPECIALIZED	Indicate the presence of late gadolinium enhancement typical for ischemic scar - regional and subendocardial. 1. Yes 2. No
<b>Late Gadolinium Enhancement – Other/Nonspecific</b>	SPECIALIZED	Indicate the presence of late gadolinium enhancement – other/nonspecific e.g. secondary to valvular heart disease, hypertensive heart disease etc. 1. Yes 2. No
<b>Other Infiltrative Cardiomyopathy</b>	SPECIALIZED	Indicate the presence of other infiltrative cardiomyopathy. 1. Yes, Specify 2. No

## PART 5 – NON-MEDICAL THERAPIES FOR ARRHYTHMIA

### A. PRE-ENCOUNTER

– Indicate DATE of Data Collection (YYYYMMDD)

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Supraventricular tachycardia ablation</b>	SPECIALIZED	<p>Did the patient have a supraventricular tachycardia ablation performed prior to this encounter?</p> <ol style="list-style-type: none"> <li>1. Yes <ul style="list-style-type: none"> <li>If yes, specify the following: <ol style="list-style-type: none"> <li>a. Indications (may have more than one): <ol style="list-style-type: none"> <li>i. Supraventricular tachycardia (e.g., AV node re-entry tachycardia, AV re-entry tachycardia, atrial tachycardia)</li> <li>ii. Atrial fibrillation</li> <li>iii. Atrial flutter</li> <li>iv. Other, specify</li> </ol> </li> <li>b. For AF/atrial flutter, indicate approach taken (select all that apply): <ol style="list-style-type: none"> <li>i. PV isolation</li> <li>ii. Focal (specify site and criteria)</li> <li>iii. Cavotricuspid isthmus</li> <li>iv. Other linear sites, specify</li> <li>v. Atrioventricular node ablation plus permanent pacemaker</li> </ol> </li> <li>c. Indicate energy source (select all that apply): <ol style="list-style-type: none"> <li>i. Radiofrequency</li> <li>ii. Cryoablation</li> <li>iii. Other, specify</li> </ol> </li> </ol> </li> </ul> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>Arrhythmia Surgery/type</b>	SPECIALIZED	<p>Did the patient have arrhythmia surgery performed prior to this encounter?</p> <ol style="list-style-type: none"> <li>1. Yes <ul style="list-style-type: none"> <li>If yes, specify the following: <ol style="list-style-type: none"> <li>a. Surgery <ol style="list-style-type: none"> <li>i. Stand alone</li> <li>ii. Part of another heart surgery</li> </ol> </li> <li>b. Type <ol style="list-style-type: none"> <li>i. Maze</li> <li>ii. PV isolation</li> <li>iii. Focal (specify site and criteria)</li> <li>iv. Cavotricuspid isthmus</li> <li>v. Other linear sites, specify</li> </ol> </li> <li>c. Approach <ol style="list-style-type: none"> <li>i. Epicardial</li> <li>ii. Endocardial</li> </ol> </li> <li>d. Energy source <ol style="list-style-type: none"> <li>i. Radiofrequency</li> <li>ii. Cryoablation</li> <li>iii. Other, specify</li> </ol> </li> <li>e. Other, specify</li> </ol> </li> </ul> </li> <li>2. No</li> <li>3. Unknown</li> </ol>

<b>Complications of non-pharmacological therapy for arrhythmia</b>	SPECIALIZED	<p>Prior to this encounter, did the patient experience any complications occurring from the initiation of non-pharmacological therapy within 28 days after non-pharmacological therapy?</p> <ol style="list-style-type: none"> <li>1. Yes <ul style="list-style-type: none"> <li>If yes, specify complication (Select all that apply) <ol style="list-style-type: none"> <li>a. Cardiac perforation/Tamponade</li> <li>b. Thromboembolic complication (Stroke, TIA)</li> <li>c. Major vascular complication requiring repair or cessation of anticoagulation</li> <li>d. Atrio-esophageal fistula</li> <li>e. Death</li> <li>f. Other, specify</li> </ol> </li> </ul> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
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## B. DURING HEALTHCARE ENCOUNTER

– Indicate START DATE of current medical encounter (YYYYMMDD)

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Supraventricular tachycardia ablation</b>	SPECIALIZED	<p>Did the patient have a supraventricular tachycardia ablation performed during this health care encounter?</p> <ol style="list-style-type: none"> <li>1. Yes <ul style="list-style-type: none"> <li>If yes, specify the following: <ol style="list-style-type: none"> <li>a. Indications (may have more than one): <ol style="list-style-type: none"> <li>i. Supraventricular tachycardia (e.g., AV node re-entry tachycardia, AV re-entry tachycardia, atrial tachycardia)</li> <li>ii. Atrial fibrillation</li> <li>iii. Atrial flutter</li> <li>iv. Other, specify</li> </ol> </li> <li>b. For AF/AFL, indicate approach taken (select all that apply): <ol style="list-style-type: none"> <li>i. PV isolation</li> <li>ii. Focal (specify site and criteria)</li> <li>iii. Cavotricuspid isthmus</li> <li>iv. Other linear sites, specify</li> <li>v. Atrioventricular node ablation plus permanent pacemaker</li> </ol> </li> <li>c. Indicate energy source (select all that apply): <ol style="list-style-type: none"> <li>i. Radiofrequency</li> <li>ii. Cryoablation</li> <li>iii. Other, specify</li> </ol> </li> </ol> </li> </ul> </li> <li>2. No</li> <li>3. Unknown</li> </ol>
<b>Arrhythmia Surgery/type</b>	SPECIALIZED	<p>Did the patient have a arrhythmia surgery performed during this health care encounter?</p> <ol style="list-style-type: none"> <li>1. Yes <ul style="list-style-type: none"> <li>If yes, specify the following: <ol style="list-style-type: none"> <li>a. Surgery <ol style="list-style-type: none"> <li>i. Stand alone</li> <li>ii. Part of another heart surgery</li> </ol> </li> <li>b. Type <ol style="list-style-type: none"> <li>i. Maze</li> <li>ii. PV isolation</li> <li>iii. Focal (specify site and criteria)</li> <li>iv. Cavotricuspid isthmus</li> <li>v. Other linear sites, specify</li> </ol> </li> </ol> </li> </ul> </li> </ol>

		<ul style="list-style-type: none"> <li>c. Approach <ul style="list-style-type: none"> <li>i. Epicardial</li> <li>ii. Endocardial</li> </ul> </li> <li>d. Energy source <ul style="list-style-type: none"> <li>i. Radiofrequency</li> <li>ii. Cryoablation</li> <li>iii. Other, specify</li> </ul> </li> <li>e. Other, specify</li> </ul> <ul style="list-style-type: none"> <li>2. No</li> <li>3. Unknown</li> </ul>
<b>Complications of non-pharmacological therapy for arrhythmia</b>	<b>SPECIALIZED</b>	<p>During this health care encounter, did the patient experience any complications occurring from the initiation of non-pharmacological therapy within 28 days after non-pharmacological therapy?</p> <ul style="list-style-type: none"> <li>1. Yes <ul style="list-style-type: none"> <li>If yes, specify complication (Select all that apply) <ul style="list-style-type: none"> <li>a. Cardiac perforation/Tamponade</li> <li>b. Thromboembolic complication (Stroke, TIA)</li> <li>c. Major vascular complication requiring repair or cessation of anticoagulation</li> <li>d. Atrio-esophageal fistula</li> <li>e. Death</li> <li>f. Other, specify</li> </ul> </li> </ul> </li> <li>2. No</li> <li>3. Unknown</li> </ul>

## PART 6 – AF/AFL AND OTHER PERTINENT MEDICATIONS

NOTE: The following data elements and definitions are specific to this Chapter and should be considered as a supplement to the Medications section defined in the Core Elements Data Dictionary Chapter.

### A. PRIOR HISTORY OF ANTITHROMBOTIC AND ANTIARRHYTHMIC MEDICATION

– Indicate DATE of data collection (YYYYMMDD)

NOTE: Complete this section if antithrombotic and/or antiarrhythmic medication has been used at any time in the past, but the patient is currently not taking the medication(s).

ANTITHROMBOTICS		
DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Warfarin</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken warfarin</li> <li>Yes, the patient has taken warfarin in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Other Vitamin K Antagonists</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken other vitamin K antagonists</li> <li>Yes, the patient has taken other vitamin K antagonists in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Dabigatran</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken dabigatran</li> <li>Yes, the patient has taken dabigatran in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Rivaroxiban</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken rivaroxiban</li> <li>Yes, the patient has taken rivaroxiban in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Apixaban</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken apixaban</li> <li>Yes, the patient has taken apixaban in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>

<b>IV Heparin</b>	SPECIALIZED	<ol style="list-style-type: none"> <li>No, the patient has never taken IV heparin</li> <li>Yes, the patient has taken IV heparin in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>SC Heparin</b>	SPECIALIZED	<ol style="list-style-type: none"> <li>No, the patient has never taken SC heparin</li> <li>Yes, the patient has taken SC heparin in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol> <p>Note: includes unfractionated and low molecular weight heparin</p>
<b>Aspirin</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken aspirin</li> <li>Yes, the patient has taken aspirin in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Clopidogrel</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken clopidogrel</li> <li>Yes, the patient has taken clopidogrel in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Other anti-platelets</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken other anti-platelets</li> <li>Yes, the patient has taken other anti-platelets in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Prasugrel</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken prasugrel</li> <li>Yes, the patient has taken prasugrel in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Ticagrelor</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken ticagrelor</li> <li>Yes, the patient has taken ticagrelor in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>

ANTIARRHYTHMIC MEDICATIONS		
<b>Amiodarone</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken amiodarone</li> <li>Yes, the patient has taken amiodarone in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Sotalol</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken sotalol</li> <li>Yes, the patient has taken sotalol in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Flecainide</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken flecainide</li> <li>Yes, the patient has taken flecainide in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Propafenone</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken propafenone</li> <li>Yes, the patient has taken propafenone in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Dronedarone</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken dronedarone</li> <li>Yes, the patient has taken dronedarone in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Dofetilide</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken dofetilide</li> <li>Yes, the patient has taken dofetilide in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Other Antiarrhythmic Drugs</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken other antiarrhythmic drugs</li> <li>Yes, the patient has taken other antiarrhythmic drugs in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>

<b>IV ANTIARRHYTHMIC MEDICATIONS</b>		
<b>IV Ibutilide</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken IV ibutilide</li> <li>Yes, the patient has taken IV ibutilide in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>IV Procainamide</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken IV procainamide</li> <li>Yes, the patient has taken IV procainamide in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>IV Amiodarone</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken IV amiodarone</li> <li>Yes, the patient has taken IV amiodarone in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Other IV AAD</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken other IV AAD</li> <li>Yes, the patient has taken other IV AAD in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>RATE CONTROL MEDICATIONS</b>		
<b>Metoprolol</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken metoprolol</li> <li>Yes, the patient has taken metoprolol in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>
<b>Bisoprolol</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>No, the patient has never taken bisoprolol</li> <li>Yes, the patient has taken bisoprolol in the past but is no longer taking it <ol style="list-style-type: none"> <li>Not tolerated</li> <li>Ineffective</li> <li>Patient Refusal</li> <li>Other, specify</li> </ol> </li> <li>Don't know</li> </ol>

<b>Carvediolol</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>1. No, the patient has never taken carvediolol</li> <li>2. Yes, the patient has taken carvediolol in the past but is no longer taking it <ol style="list-style-type: none"> <li>a. Not tolerated</li> <li>b. Ineffective</li> <li>c. Patient Refusal</li> <li>d. Other, specify</li> </ol> </li> <li>3. Don't know</li> </ol>
<b>Atenolol</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>1. No, the patient has never taken atenolol</li> <li>2. Yes, the patient has taken atenolol in the past but is no longer taking it <ol style="list-style-type: none"> <li>a. Not tolerated</li> <li>b. Ineffective</li> <li>c. Patient Refusal</li> <li>d. Other, specify</li> </ol> </li> <li>3. Don't know</li> </ol>
<b>Other beta blockers</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>1. No, the patient has never taken other beta blockers</li> <li>2. Yes, the patient has taken other beta blockers in the past but is no longer taking it <ol style="list-style-type: none"> <li>a. Not tolerated</li> <li>b. Ineffective</li> <li>c. Patient Refusal</li> <li>d. Other, specify</li> </ol> </li> <li>3. Don't know</li> </ol>
<b>Diltiazem</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>1. No, the patient has never taken diltiazem</li> <li>2. Yes, the patient has taken diltiazem in the past but is no longer taking it <ol style="list-style-type: none"> <li>a. Not tolerated</li> <li>b. Ineffective</li> <li>c. Patient Refusal</li> <li>d. Other, specify</li> </ol> </li> <li>3. Don't know</li> </ol>
<b>Verapamil</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>1. No, the patient has never taken verapamil</li> <li>2. Yes, the patient has taken verapamil in the past but is no longer taking it <ol style="list-style-type: none"> <li>a. Not tolerated</li> <li>b. Ineffective</li> <li>c. Patient Refusal</li> <li>d. Other, specify</li> </ol> </li> <li>3. Don't know</li> </ol>
<b>Digoxin</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>1. No, the patient has never taken digoxin</li> <li>2. Yes, the patient has taken digoxin in the past but is no longer taking it <ol style="list-style-type: none"> <li>a. Not tolerated</li> <li>b. Ineffective</li> <li>c. Patient Refusal</li> <li>d. Other, specify</li> </ol> </li> <li>3. Don't know</li> </ol>
<b>Other rate control medications</b>	ESSENTIAL	<ol style="list-style-type: none"> <li>1. No, the patient has never taken other rate control medications</li> <li>2. Yes, the patient has taken other rate control medications in the past but is no longer taking it <ol style="list-style-type: none"> <li>a. Not tolerated</li> <li>b. Ineffective</li> <li>c. Patient Refusal</li> <li>d. Other, specify</li> </ol> </li> <li>3. Don't know</li> </ol>

## B. AF/AFL AND OTHER PERTINENT MEDICATIONS AT ENCOUNTER

– Indicate the START DATE of this encounter (YYYYMMDD)

NOTE: Complete this section for antithrombotic and/or antiarrhythmic medication and/or other pertinent medication the patient is currently taking.

ANTITHROMBOTICS		
DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Warfarin</b>	ESSENTIAL	Indicate if the patient has been taking Warfarin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other Vitamin K Antagonists</b>	ESSENTIAL	Indicate if the patient has been taking Other Vitamin K Antagonists routinely just prior to this encounter. 1. Yes a. Specify what drugs were taken 2. No 3. Contraindicated 4. Blinded
<b>Dabigatran</b>	ESSENTIAL	Indicate if the patient has been taking Dabigatran routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Rivaroxiban</b>	ESSENTIAL	Indicate if the patient has been taking Rivaroxiban routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Apixaban</b>	ESSENTIAL	Indicate if the patient has been taking Apixaban routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>IV Heparin</b>	SPECIALIZED	Indicate if the patient has been taking IV Heparin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>SC Heparin</b>	SPECIALIZED	Indicate if the patient has been taking SC Heparin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded  Note: includes unfractionated and low molecular weight heparin

<b>Aspirin<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Clopidogrel<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Other anti-platelets</b>	ESSENTIAL	Indicate if the patient has been taking other anti-platelets (e.g. Ticlopidine) routinely prior to this encounter. 1. Yes a. Specify what drugs were taken 2. No 3. Contraindicated 4. Blinded
<b>Prasugrel<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Ticagrelor<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>ANTIARRHYTHMIC MEDICATIONS</b>		
<b>Amiodarone</b>	ESSENTIAL	Indicate if the patient has been taking Amiodarone routinely prior to this encounter 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Sotalol</b>	ESSENTIAL	Indicate if the patient has been taking Sotalol routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Flecainide</b>	ESSENTIAL	Indicate if the patient has been taking Flecainide routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Propafenone</b>	ESSENTIAL	Indicate if the patient has been taking Propafenone routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Dronedarone</b>	ESSENTIAL	Indicate if the patient has been taking Dronedarone routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Dofetilide</b>	ESSENTIAL	Indicate if the patient has been taking Dofetilide routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other Antiarrhythmic drugs</b>	ESSENTIAL	Indicate if patient has been taking any other antiarrhythmic drugs routinely prior to this encounter. 1. Yes a. Specify what drugs were taken 2. No 3. Contraindicated 4. Blinded

RATE CONTROL MEDICATIONS		
<b>Metoprolol</b>	ESSENTIAL	Indicate if the patient has been taking oral Metoprolol routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Bisoprolol</b>	ESSENTIAL	Indicate if the patient has been taking Bisoprolol routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Carvediolol</b>	ESSENTIAL	Indicate if the patient has been taking Carvediolol routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Atenolol</b>	ESSENTIAL	Indicate if the patient has been taking Atenolol routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other beta blockers</b>	ESSENTIAL	Indicate if the patient has been taking any other beta blockers routinely prior to this encounter. 1. Yes a. Specify what drugs were taken 2. No 3. Contraindicated 4. Blinded
<b>Diltiazem</b>	ESSENTIAL	Indicate if the patient has been taking oral Diltiazem routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Verapamil</b>	ESSENTIAL	Indicate if the patient has been taking oral Verapamil routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Digoxin</b>	ESSENTIAL	Indicate if the patient has been taking oral Digoxin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded

<b>Other rate control medications</b>	ESSENTIAL	<p>Indicate if the patient has been taking any other rate control medications routinely prior to this encounter.</p> <ol style="list-style-type: none"> <li>1. Yes <ol style="list-style-type: none"> <li>a. Specify what drugs were taken</li> </ol> </li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>
<b>OTHER PERTINENT MEDICATIONS</b>		
<b>Nonsteroidal anti-inflammatory drugs (NSAIDs)</b>	SPECIALIZED	<p>Indicate if the patient has been taking any nonsteroidal anti-inflammatory drugs (NSAIDs) routinely prior to this encounter.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>
<b>Thyroid replacement</b>	SPECIALIZED	<p>Indicate if the patient has been taking thyroid replacement medication routinely prior to this encounter.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>
<b>Thyroid Suppression</b>	SPECIALIZED	<p>Indicate if medication to suppress hyperthyroidism was administered just prior to this encounter.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>
<b>ACE Inhibitors / Angiotensin II Receptor Blockers<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Aldosterone Blocking Agents<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Non-Dihydropyridine Calcium Channel Blockers<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Insulin<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Oral anti-hyperglycemics</b>	SPECIALIZED	<p>Indicate if the patient has been taking other oral anti-hyperglycemics routinely prior to this encounter.</p> <ol style="list-style-type: none"> <li>1. Yes <ol style="list-style-type: none"> <li>a. Specify what drugs were taken</li> </ol> </li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>
<b>Statins<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Other Lipid lowering agents</b>	SPECIALIZED	<p>Indicate if the patient has been taking any other lipid lowering agents routinely prior to this encounter.</p> <ol style="list-style-type: none"> <li>1. Yes <ol style="list-style-type: none"> <li>a. Specify what drugs were taken</li> </ol> </li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>

<b>Sympathomimetic Bronchodilators</b>	SPECIALIZED	Indicate if the patient has been taking sympathomimetic bronchodilators routinely or episodically just prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
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### C. AF/AFL AND OTHER PERTINENT MEDICATIONS DURING HEALTHCARE ENCOUNTER

– Indicate END DATE of this encounter (YYYYMMDD)

ANTITHROMBOTICS		
DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Warfarin</b>	ESSENTIAL	Indicate if Warfarin was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other Vitamin K Antagonists</b>	ESSENTIAL	Indicate if Other Vitamin K Antagonists was administered at any point in time during this episode of health care. 1. Yes a. Specify what drugs were administered 2. No 3. Contraindicated 4. Blinded
<b>Dabigatran</b>	ESSENTIAL	Indicate if Dabigatran was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Rivaroxiban</b>	ESSENTIAL	Indicate if Rivaroxiban was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Apixaban</b>	ESSENTIAL	Indicate if Apixaban was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>IV Heparin</b>	SPECIALIZED	Indicate if IV Heparin was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded

<b>SC Heparin</b>	SPECIALIZED	<p>Indicate if SC Heparin was administered at any point in time during this episode of health care.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol> <p>Note: includes unfractionated and low molecular weight heparin</p>
<b>Aspirin<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Clopidogrel<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Other anti-platelets</b>	ESSENTIAL	<p>Indicate if any other anti-platelets (eg. Ticlopidine) was administered at any point in time during this episode of health care.</p> <ol style="list-style-type: none"> <li>1. Yes <ol style="list-style-type: none"> <li>a. Specify what drugs were administered</li> </ol> </li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>
<b>Prasugrel<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Ticagrelor<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>ANTIARRHYTHMIC MEDICATIONS</b>		
<b>Pharmacologic Cardioversion Attempted</b>	ESSENTIAL	<p>Indicate if pharmacological cardioversion for Atrial Fibrillation/Flutter was attempted and resulted in the absence of AF or atrial flutter at any point in time during this health care encounter.</p> <ol style="list-style-type: none"> <li>1. Yes (i.e. Attempted) <ol style="list-style-type: none"> <li>a. Successful (i.e. giving the drug resulted in the absence of AF/Flutter) <ol style="list-style-type: none"> <li>i. List all generic drug names previously used that resulted in the absence of AF or atrial flutter.</li> </ol> </li> <li>b. Unsuccessful <ol style="list-style-type: none"> <li>i. List all generic drug names previously used that did not result in the absence of AF or atrial flutter.</li> </ol> </li> </ol> </li> <li>2. No (i.e. Not attempted)</li> <li>3. Unknown</li> </ol>
<b>Amiodarone</b>	ESSENTIAL	<p>Indicate if Amiodarone was administered at any point in time during this episode of health care.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>
<b>Sotalol</b>	ESSENTIAL	<p>Indicate if Sotalol was administered at any point in time during this episode of health care.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>
<b>Flecainide</b>	ESSENTIAL	<p>Indicate if Flecainide was administered at any point in time during this episode of health care.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Contraindicated</li> <li>4. Blinded</li> </ol>

<b>Propafenone</b>	ESSENTIAL	Indicate if Propafenone was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Dronedarone</b>	ESSENTIAL	Indicate if Dronedarone was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Dofetilide</b>	ESSENTIAL	Indicate if Dofetilide was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other Antiarrhythmic drugs</b>	ESSENTIAL	Indicate if any other antiarrhythmic drugs were administered at any point in time during this episode of health care. 1. Yes a. Specify what drugs were administered 2. No 3. Contraindicated 4. Blinded
<b>RATE CONTROL MEDICATIONS</b>		
<b>Metoprolol</b>	ESSENTIAL	Indicate if oral Metoprolol was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Bisoprolol</b>	ESSENTIAL	Indicate if Bisoprolol was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Carvediolol</b>	ESSENTIAL	Indicate if Carvediolol was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Atenolol</b>	ESSENTIAL	Indicate if Atenolol was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded

<b>Other beta blocker</b>	ESSENTIAL	Indicate if any other beta blockers were administered at any point in time during this episode of health care. 1. Yes a. Specify what drugs were administered 2. No 3. Contraindicated 4. Blinded
<b>Diltiazem</b>	ESSENTIAL	Indicate if Diltiazem was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Verapamil</b>	ESSENTIAL	Indicate if Verapamil was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Digoxin</b>	ESSENTIAL	Indicate if oral Digoxin was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other rate control medications</b>	ESSENTIAL	Indicate if any other rate control medications were administered at any point in time during this episode of health care. 1. Yes a. Specify what drugs were administered 2. No 3. Contraindicated 4. Blinded
<b>IV ANTIARRHYTHMIC MEDICATIONS</b>		
<b>IV Ibutilide</b>	SPECIALIZED	Indicate if IV Ibutilide was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>IV Procainamide</b>	SPECIALIZED	Indicate if IV Procainamide was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>IV Amiodarone</b>	SPECIALIZED	Indicate if IV Amiodarone was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded

<b>Other IV AAD</b>	SPECIALIZED	Indicate if any other IV AAD was administered at any point in time during this episode of health care. 1. Yes a. Specify what drugs were administered 2. No 3. Contraindicated 4. Blinded
<b>OTHER PERTINENT MEDICATIONS</b>		
<b>Nonsteroidal anti-inflammatory drugs (NSAIDs)</b>	SPECIALIZED	Indicate if nonsteroidal anti-inflammatory drugs (NSAIDs) were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Thyroid replacement</b>	SPECIALIZED	Indicate if thyroid replacement medication was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Thyroid Suppression</b>	SPECIALIZED	Indicate if medication to suppress hyperthyroidism was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>ACE Inhibitors / Angiotensin II Receptor Blockers<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Aldosterone Blocking Agents<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Non-Dihydropyridine Calcium Channel Blockers<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Insulin<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Other Oral anti-hyperglycemics</b>	SPECIALIZED	Indicate if oral anti-hyperglycemics were administered at any point in time during this episode of health care. 1. Yes a. Specify what drugs were administered 2. No 3. Contraindicated 4. Blinded
<b>Statins<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Other Lipid lowering agents<sup>^</sup></b>	SPECIALIZED	Indicate if any other lipid lowering agents were administered at any point in time during this episode of health care. 1. Yes a. Specify what drugs were administered 2. No 3. Contraindicated 4. Blinded

<b>Sympathomimetic Bronchodilators</b>	SPECIALIZED	Indicate if sympathomimetic bronchodilators were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
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#### D. MEDICATIONS AT DISCHARGE

- Indicate DATE of discharge (YYYYMMDD)

ANTITHROMBOTICS		
DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Warfarin</b>	ESSENTIAL	Indicate if Warfarin was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other Vitamin K Antagonists</b>	ESSENTIAL	Indicate if Other Vitamin K was continued or prescribed at Discharge. 1. Yes a. Specify what drugs were continued or prescribed 2. No 3. Contraindicated 4. Blinded
<b>Dabigatran</b>	ESSENTIAL	Indicate if Dabigatran was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Rivaroxiban</b>	ESSENTIAL	Indicate if Rivaroxiban was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Apixaban</b>	ESSENTIAL	Indicate if Apixaban was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>IV Heparin</b>	SPECIALIZED	Indicate if IV Heparin was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>SC Heparin</b>	SPECIALIZED	Indicate if SC Heparin was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded  Note: includes unfractionated and low molecular weight heparin

<b>Aspirin<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Clopidogrel<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Other anti-platelets</b>	ESSENTIAL	Indicate if other anti-platelets (e.g. Ticlopidine) were continued or prescribed at Discharge. 1. Yes a. Specify what drugs were continued or prescribed 2. No 3. Contraindicated 4. Blinded
<b>Prasugrel<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Ticagrelor<sup>^</sup></b>	ESSENTIAL	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>ANTIARRHYTHMIC MEDICATIONS</b>		
<b>Amiodarone</b>	ESSENTIAL	Indicate Amiodarone was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Sotalol</b>	ESSENTIAL	Indicate if Sotalol was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Flecainide</b>	ESSENTIAL	Indicate if Flecainide was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Propafenone</b>	ESSENTIAL	Indicate if Propafenone was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Dronedarone</b>	ESSENTIAL	Indicate if Dronedarone was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Dofetilide</b>	ESSENTIAL	Indicate if Dofetilide was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other Antiarrhythmic drugs</b>	ESSENTIAL	Indicate if any other antiarrhythmic drugs were continued or prescribed at Discharge. 1. Yes a. Specify what drugs were continued or prescribed 2. No 3. Contraindicated 4. Blinded

<b>RATE CONTROL MEDICATIONS</b>		
<b>Metoprolol</b>	ESSENTIAL	Indicate if oral Metoprolol was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Bisoprolol</b>	ESSENTIAL	Indicate Bisoprolol was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Carvediolol</b>	ESSENTIAL	Indicate if Carvediolol was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Atenolol</b>	ESSENTIAL	Indicate if Atenolol was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other beta blockers</b>	ESSENTIAL	Indicate if any other beta blockers were continued or prescribed at Discharge. 1. Yes a. Specify what drugs were continued or prescribed 2. No 3. Contraindicated 4. Blinded
<b>Diltiazem</b>	ESSENTIAL	Indicate if Diltiazem was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Verapamil</b>	ESSENTIAL	Indicate if Verapamil was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Digoxin</b>	ESSENTIAL	Indicate if oral Digoxin was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Other rate control medications</b>	ESSENTIAL	Indicate if other rate control medications was continued or prescribed at Discharge. 1. Yes a. Specify what drugs were continued or prescribed 2. No 3. Contraindicated 4. Blinded

OTHER PERTINENT MEDICATIONS		
<b>Nonsteroidal anti-inflammatory drugs (NSAIDs)</b>	SPECIALIZED	Indicate if nonsteroidal anti-inflammatory drugs (NSAIDs) were continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Thyroid replacement</b>	SPECIALIZED	Indicate if thyroid replacement medication was continued or prescribed at Discharge. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>Thyroid Suppression</b>	SPECIALIZED	Indicate if medication to suppress hyperthyroidism was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
<b>ACE Inhibitors / Angiotensin II Receptor Blockers<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Aldosterone Blocking Agents<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Non-Dihydropyridine Calcium Channel Blockers<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Insulin<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Other Oral anti-hyperglycemics</b>	SPECIALIZED	Indicate if oral anti-hyperglycemics was continued or prescribed at Discharge. 1. Yes a. Specify what drugs were continued or prescribed 2. No 3. Contraindicated 4. Blinded
<b>Statins<sup>^</sup></b>	SPECIALIZED	<sup>^</sup> Refer to Core Elements chapter for definition.
<b>Other Lipid lowering agents</b>	SPECIALIZED	Indicate if other lipid lowering agents were continued or prescribed at Discharge. 1. Yes a. Specify what drugs were continued or prescribed 2. No 3. Contraindicated 4. Blinded
<b>Sympathomimetic Bronchodilators</b>	SPECIALIZED	Indicate if sympathomimetic bronchodilators were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded

## PART 7 – CARDIOVERSION AND ABLATION DURING ENCOUNTER

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Date of Cardioversion</b>	ESSENTIAL	Indicated date of cardioversion (YYYYMMDD)
<b>Cardioversion Type</b>	ESSENTIAL	Indicate cardioversion type. 1. Electrical 2. Pharmacological
<b>Electrical Cardioversion Site</b>	ESSENTIAL	Indicate electrical cardioversion site. Indicate <u>all</u> that apply. 1. Transthoracic 2. Intracardiac/intravascular 3. Epicardial
<b>Waveform</b>	SPECIALIZED	Indicate waveform. 1. Monophasic, all types 2. Rectilinear biphasic 3. Truncated exponential biphasic 4. Other, specify
<b>Number of shocks delivered</b>	SPECIALIZED	Indicate the number of shocks delivered during current session.
<b>Maximal energy used</b>	SPECIALIZED	Indicate maximal energy used in current session.
<b>On antiarrhythmic drug medication during Electrical Cardioversion</b>	SPECIALIZED	List generic name for medication used to augment electrical cardioversion from AF/AFL to normal sinus rhythm.  Indicate route of administration (intravenous or oral) and total daily dose and units. (Include total dose until cardioversion.)
<b>Success of electric cardioversion</b>	ESSENTIAL	Indicate if previous transthoracic electrical cardioversion sessions were attempted and resulted in the absence of AF or AFL. A session may include multiple successive shocks. 1. Yes (i.e. Attempted) a. Successful b. Unsuccessful i. Never (No restoration of sinus rhythm) ii. Immediate recurrent, within 1 minute c. Successful with recurrence i. Early recurrence, 1 minute to 24 hours ii. Subacute recurrence, 24 hours to 14 days iii. Late recurrence, > 14 days d. Unknown 2. No (i.e. Not attempted) 3. Unknown
<b>Date of Pharmacologic Cardioversion</b>	ESSENTIAL	Indicate date of pharmacologic cardioversion (YYYYMMDD)

<b>Pharmacologic Cardioversion Attempted</b>	ESSENTIAL	<p>Indicate if previous pharmacological cardioversion for AF/AFL was attempted and resulted in the absence of AF or AFL.</p> <ol style="list-style-type: none"> <li>1. Yes (i.e. Attempted) <ol style="list-style-type: none"> <li>a. Successful (i.e. giving the drug resulted in the absence of AF/AFL) <ol style="list-style-type: none"> <li>i. List all generic drug names previously used that resulted in the absence of AF or atrial flutter.</li> </ol> </li> <li>b. Unsuccessful <ol style="list-style-type: none"> <li>i. List all generic drug names previously used that did not result in the absence of AF or AFL.</li> </ol> </li> </ol> </li> <li>2. No (i.e. Not attempted)</li> <li>3. Unknown</li> </ol>
<b>Date of catheter ablation for Atrial Fibrillation/Flutter</b>	ESSENTIAL	Indicate date of catheter ablation for atrial fibrillation/flutter (YYYYMMDD)
<b>Indications for catheter ablation for Atrial Fibrillation/Flutter</b>	ESSENTIAL	<p>The reason for undergoing attempted ablative therapy (may be more than one):</p> <ol style="list-style-type: none"> <li>1. Symptoms</li> <li>2. Desire for drug-free lifestyle</li> <li>3. Frequent ICD discharges</li> <li>4. Other, specify</li> </ol>
<b>Catheter ablation for Atrial Fibrillation/Flutter performed during this encounter</b>	SPECIALIZED	<p>Indicate whether ablation was performed.</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <p>Indications (may have more than one):</p> <ol style="list-style-type: none"> <li>1. Supraventricular tachycardia (e.g., AV node re-entry tachycardia, AV re-entry tachycardia, atrial tachycardia)</li> <li>2. Atrial fibrillation</li> <li>3. Atrial flutter</li> <li>4. Other, specify</li> </ol> <p>For AF/atrial flutter, indicate approach taken:</p> <ol style="list-style-type: none"> <li>1. PV isolation</li> <li>2. Focal (specify site and criteria)</li> <li>3. Cavotricuspid isthmus</li> <li>4. Other linear sites, specify</li> <li>5. Atrioventricular node ablation plus permanent pacemaker</li> </ol> <p>Indicate energy source:</p> <ol style="list-style-type: none"> <li>1. Radiofrequency</li> <li>2. Cryoablation</li> <li>3. Other, specify</li> </ol>

## PART 8 – MANAGEMENT STRATEGY AT DISCHARGE

- Indicate Date of Discharge (YYYYMMDD)

DATA ELEMENT	CLASSIFICATION	DEFINITION
<b>Management Strategy at Discharge</b>	ESSENTIAL	<p>Current management strategies at discharge. Indicate all that apply:</p> <p>Rate Control, Select <u>one</u>:</p> <ol style="list-style-type: none"> <li>1. Pharmacological</li> <li>2. Nonpharmacological</li> <li>3. Hybrid*</li> </ol> <p>Rhythm Control, Select <u>one</u>:</p> <ol style="list-style-type: none"> <li>1. Pharmacological</li> <li>2. Nonpharmacological</li> <li>3. Hybrid*</li> </ol> <p>*Hybrid is defined as concurrent use of: pharmacological and nonpharmacological therapies or two or more nonpharmacological therapies.</p>

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