

## INITIAL ATRIAL FIBRILLATION / FLUTTER

Data Entry 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

NAME \_\_\_\_\_ ID\_ **IDTYPE** - **ID** EXAM \_\_\_\_\_ REVIEW DATE mm - dd - yyyy **REVDATE**  
 SOE 60 ATRIAL FIBRILLATION / FLUTTER (Please CIRCLE your choice below)

|   |   |  |   |
|---|---|--|---|
| <b>Rhythm</b> <b>RHYTHM</b>   | 1= atrial fibrillation,   | 2= atrial flutter,   | 3=fib / flutter                                 |
| <b>Documented by:</b>   | 1= ECG tracing,   | 2= history   |   |
| <b>Ascertainment</b> <b>ECGLOC</b>  | 1= hospital/ER,<br>5= FHS Holter,   | 2= outside MD,<br>7=pacemaker interrogation  | 3= FHS exam ECG, 4= outside Holter,             |
| <b>Date</b> <b>ECGDATE</b>  | _____ - _____ - _____<br>mm - dd - yyyy   | <b>ECG_HR - ECG_MIN</b><br>Time _____ - _____ (military time)<br>hr min                            |   |
| <b>Cardioversion Attempted</b> <b>CARVER</b>  | 0=no, 1=spontaneous, 2=chemical(spec), 3=electrical, 4=chemical(spec) & electrical, 9=unk.  |  |   |
| <i>Date of cardioversion:</i>   | <i>If chemical, please circle one:</i> <b>CARVERRX</b>  |  |   |
| <b>CARVDATE</b><br>mm dd yyyy   | 1=Quinidine<br>2=Procainamide<br>3=Disopyramide<br>5=Flecainide   | 7=Amiodarone<br>9=Propafenone<br>11=Sotalol<br>12=Other or Comb., specify<br>____ <b>CAROTHSPE</b> | 13=Dofetilide<br>14=Dronedaronone<br>99=Unknown |
| Cardioversion successful? <b>CARV_SUC</b> 0=no, 1=yes, 9=unknown.<br>Code cardioversion as unsuccessful only when clearly defined as such, otherwise code as successful |   |  |   |
| <b>Sinus rhythm documented after initial AF?</b>  | 0=no, 1=yes, 2=yes, tracing not available 9=unk, or not done  |  |   |
| <i>Date of sinus rhythm (after AF):</i>   | Time (military time)<br>mm - dd - yyyy hr min   |  |   |
| <b>Paroxysmal AF during initial AF hospitalization? (<math>\geq 2</math> episodes)</b>  | 0=no, 1=yes, 9=unknown  |  |   |
| <b>Documented rhythm of last ECG of hospitalization:</b>  | 0=sinus, 1=atrial fibrillation, 2=atrial flutter, 3=fib/flutter,<br>7=other or combination, specify:  |  |   |
| <i>Date of documented rhythm:</i>   | 8=outpatient ECG, not applicable, 9=unknown.<br>Time (military time)<br>mm - dd - yyyy hr min   |  |   |
| <b>DISCHARGE / OUTPATIENT MEDICATION</b>  |   |  |   |
| <b>Antithrombotic Treatment:</b> <b>ATHROMRX</b>  | 0= none 3=Warfarin & Aspirin, 6=Dabigatran 9=unknown<br>1=Warfarin 4=other, specify: <b>ATHRSPEC</b> 7=LMWH<br>2=Aspirin 5=Clopidogrel 8=Rivaroxaban  |  |   |
| <b>Antiarrhythmics:</b> <b>AARRHYTH</b>   | 0=none 1=yes, specify below 9=unknown<br>1=Quinidine 5=Flecainide 11=Sotalol 13=Dofetilide<br><b>AARRHRX</b> 2=Procainamide 7=Amiodarone 12=Other or Comb., specify 14=Dronedaronone<br>3=Disopyramide 9=Propafenone <b>AAOTHSPE</b> 99=Unknown |  |   |

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| <b>Physicians</b> <span style="color: red;">PHYS_1, PHYS_2, PHYS_3, PHYS_4</span> |   |   |   |   |  |  |  |  |  | <b>Review Staff</b> <span style="color: red;">STAFF_1, STAFF_2</span> |  |  |
|---|---|---|---|---|--|--|--|--|--|---|--|--|
| <b>BK</b> 72 <input type="checkbox"/>   | <b>CE</b> 130 <input type="checkbox"/>  | <b>CF</b> 199 <input type="checkbox"/>  | <b>other</b> _____ <input type="checkbox"/> | <b>LA</b> 703 <input type="checkbox"/>      |  |  |  |  |  |   |  |  |
| <b>DL</b> 85 <input type="checkbox"/>   | <b>VR</b> 153 <input type="checkbox"/>  | <b>TW</b> 200 <input type="checkbox"/>  | <b>other</b> _____ <input type="checkbox"/> | <b>MAC</b> 727 <input type="checkbox"/>     |  |  |  |  |  |   |  |  |
| <b>EB</b> 86 <input type="checkbox"/>   | <b>COD</b> 169 <input type="checkbox"/> | <b>CNC</b> 203 <input type="checkbox"/> | <b>other</b> _____ <input type="checkbox"/> | <b>other</b> _____ <input type="checkbox"/> |  |  |  |  |  |   |  |  |
| <b>JM</b> 113 <input type="checkbox"/>  | <b>SK</b> 197 <input type="checkbox"/>  | <b>SEK</b> 204 <input type="checkbox"/> | <b>other</b> _____ <input type="checkbox"/> | <b>other</b> _____ <input type="checkbox"/> |  |  |  |  |  |   |  |  |

**ATRIAL FIBRILATION / FLUTTER FOLLOW-UP ECGs**

NAME \_\_\_\_\_

ID IDTYPE- ID

EXAM

REVIEW DATE REVDATE

Data Entry 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

| Rhythm Date  | Rhythm RHYTHM   | Ascertainment ECGLOC   | Discharge Antithrombotics ATHROMRX   | Discharge Antiarrhythmics  |  |   | Cardioversion Attempted?   |  |  | Cardioversion Date/ Successful?   |
|--|---|--|--|--|--|---|--|--|--|---|
| <b>1</b><br><br>ECGDATE<br>- -<br>mm dd yyyy<br><br>ECG_HR:<br>ECG_MIN<br>hour min<br>order# _____*<br>ECG_ORDER | 0=NSR<br>1=afib<br>2=aflutter<br>3=fib/flutter<br>7=other,<br><b>specify</b><br>RHYTHSPE<br>9=unknow<br>n | 1=hospital/ER<br>2=outside MD<br>3=FHS exam ECG<br>4=outside Holter<br>5=FHS Holter<br>6=by history, ECG report only<br>7=pacemaker/AICD interrogation | 0=none<br>1=Warfarin<br>2=Aspirin<br>3=Warfarin & Aspirin<br>4=Other.comb. <b>spec.</b><br>ATHRSPEC<br><br>5=Clopidogrel<br>6=Dabigatran<br>7=LMWH<br>8=Rivaroxaban<br>9=unknown | <b>AARRHYTH</b><br>0=none<br>1=yes,<br><b>spec.</b> →<br><b>AARRHRX</b><br>9=unk | 1=Quinidine<br>2=Procainamide<br>3=Disopyramide<br>4=Tocainide<br>5=Flecainide<br>6=Mexiletine<br>7=Amiodarone<br>8=Encainide<br>9=Propafenone | 11=Sotalol<br>12=Other or Comb.Specify<br><b>AAOTHSPE</b><br><br>13=Dofetilide<br>14=Dronedaron<br>99=Unknown | <b>CARVER</b><br>0=no<br>1=spontaneous<br>2=chemical,<br><b>specify</b> →<br><b>CARVERRX</b><br>3=electrical<br>4=chem.&elec.<br><b>specify</b> →<br>9=unknown | 1=Quinidine<br>2=Procainamide<br>3=Disopyramide<br>4=Tocainide<br>5=Flecainide<br>6=Mexiletine<br>7=Amiodarone<br>8=Encainide<br>9=Propafenone | 11=Sotalol<br>12=Other or Comb.Specify<br><b>CAROTHSPE</b><br><br>13=Dofetilide<br>14=Dronedaron<br>99=Unknown | <b>CARVDATE</b><br>- - -<br>mm dd yyyy<br><b>CARV_SUC</b><br><b>Cardioversion</b><br><b>successful?</b><br>0=no<br>1=yes<br>9=unknown |
| <b>2</b><br><br>ECGDATE<br>- -<br>mm dd yyyy<br><br>ECG_HR:<br>ECG_MIN<br>hour min<br>order# _____*<br>ECG_ORDER | 0=NSR<br>1=afib<br>2=aflutter<br>3=fib/flutter<br>7=other,<br><b>specify</b><br>RHYTHSPE<br>9=unknow<br>n | 1=hospital/ER<br>2=outside MD<br>3=FHS exam ECG<br>4=outside Holter<br>5=FHS Holter<br>6=by history, ECG report only<br>7=pacemaker/AICD interrogation | 0=none<br>1=Warfarin<br>2=Aspirin<br>3=Warfarin & Aspirin<br>4=Other.comb. <b>spec.</b><br>ATHRSPEC<br><br>5=Clopidogrel<br>6=Dabigatran<br>7=LMWH<br>8=Rivaroxaban<br>9=unknown | <b>AARRHYTH</b><br>0=none<br>1=yes,<br><b>spec.</b> →<br><b>AARRHRX</b><br>9=unk | 1=Quinidine<br>2=Procainamide<br>3=Disopyramide<br>4=Tocainide<br>5=Flecainide<br>6=Mexiletine<br>7=Amiodarone<br>8=Encainide<br>9=Propafenone | 11=Sotalol<br>12=Other or Comb.Specify<br><b>AAOTHSPE</b><br><br>13=Dofetilide<br>14=Dronedaron<br>99=Unknown | <b>CARVER</b><br>0=no<br>1=spontaneous<br>2=chemical,<br><b>specify</b> →<br><b>CARVERRX</b><br>3=electrical<br>4=chem.&elec.<br><b>specify</b> →<br>9=unknown | 1=Quinidine<br>2=Procainamide<br>3=Disopyramide<br>4=Tocainide<br>5=Flecainide<br>6=Mexiletine<br>7=Amiodarone<br>8=Encainide<br>9=Propafenone | 11=Sotalol<br>12=Other or Comb.Specify<br><b>CAROTHSPE</b><br><br>13=Dofetilide<br>14=Dronedaron<br>99=Unknown | <b>CARVDATE</b><br>- - -<br>mm dd yyyy<br><b>CARV_SUC</b><br><b>Cardioversion</b><br><b>successful?</b><br>0=no<br>1=yes<br>9=unknown |

**VERSION SOE REVIEW FHS 05-01-2012**

**NOTE:** In general, code date of first & last ECG of sinus rhythm & first & last ECG of AF. For hospitalized paroxysmal AFIB, code first episode AFIB, first sinus rhythm, and final ECG rhythm. If persistently in sinus or AF, code 1 ECG per hospitalization, and exam ECG.

Code cardioversion as unsuccessful only when clearly described as such, otherwise code as successful.

\*Time and order to be filled in when more than 1 ECG per date.

Record time in military format

**Integrated version for the 2013 dataset release**

|  |  |   |  |  |   |                                       |   |                  |
|--|--|---|--|--|---|---------------------------------------|---|------------------|
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|  |  |   |  |  |   |                                       |   |                  |
| <b>Physicians and</b> (Initials, ID#) <i>Please check ALL that apply</i> |  |   |  |  |   |                                       |   | FHS Review Staff |
| <b>BK 72</b> <input type="checkbox"/><br><b>PHYS_1</b>                   | <b>EB 86</b> <input type="checkbox"/><br><b>PHYS_2</b> | <b>CE 130</b> <input type="checkbox"/><br><b>PHYS_3</b> | <b>COD 169</b> <input type="checkbox"/><br><b>PHYS_4</b> | <b>CF 199</b> <input type="checkbox"/> | <b>CNC 203</b> <input type="checkbox"/> | <b>Other</b> <input type="checkbox"/> | <b>LA 703</b> <input type="checkbox"/><br><b>STAFF_1</b>  |                  |
| <b>DL 85</b> <input type="checkbox"/>                                    | <b>JM 113</b> <input type="checkbox"/>                 | <b>VR 153</b> <input type="checkbox"/>                  | <b>SK 197</b> <input type="checkbox"/>                   | <b>TW 200</b> <input type="checkbox"/> | <b>SEK 204</b> <input type="checkbox"/> | <b>Other</b> <input type="checkbox"/> | <b>MAC 727</b> <input type="checkbox"/><br><b>STAFF_2</b> |                  |
|  |  |   |  |  |   |                                       | <b>Other</b> <input type="checkbox"/><br><b>STAFF_3</b>   |                  |

\*Time and order to be filled in when more than 1 ECG per date.

Record time in military format

**Integrated version for the 2013 dataset release**