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| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_age \_\_\_\_ Occupation **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Social Hx:** □ lives with spouse / partner □ lives alone □ lives in retirement home □ NFA |
| **Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ no FP Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PMH : check all that apply**  □ previous cardioversion ------------------------------- date □previous ablation ---------------------- date  □ HTN □ CAD □ MI □ cardiac surgery □ HF □ valvular heart disease (MS, AS) □ diabetes □ thyroid disease  □ dyslipidemia □ asthma on puffers □ COPD □ OSA □ confirmed by sleep study □ on CPAP  □ pulmonary HTN □ P. emboli □ GI bleed confirmed by □colonoscopy ­­­­­­----------------date □ OGD----------------------date  **Social Hx:** smoker □never □ current\_\_\_\_\_\_(pack per day x years) □ never □ Ex quit \_\_\_\_\_\_\_\_  Alcohol □ never □ rarely □ drinks per day \_\_\_\_\_\_\_ □ drinks per week \_\_\_\_\_\_\_  Caffeine □ none □ avg/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other Significant PMH: ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------ Family History:** -----------------------------------------------------------------------------------------------------------------------------  **Chief Complaint:** (reason for ED visit **------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**  **------------------------------------------------------------------------------------------------ Severity AF Functional Class**  **------------------------------------------------------------------------------------------------** Class 0 –no symptoms  ---------------------------------------------------------------------------------------------------------------------- Class 1 – minimal & infrequent episodes  -------------------------------------------------------------------------------------------------------------------- Class 2- mild awareness, rare episodes  --------------------------------------------------------------------------------------------------------------------- Class 3- moderate, more common episodes  -------------------------------------------------------------------------------------------------------------------- Class 4 – severe, unpleasant symptoms  with syncope heart failure  **Exercise Tolerance/ Functional Capacity: ----------------------------------------------------------------------------------------------**  **-----------------------------------------------------------------------------------------------------------------------------------------------------**  **HPI**: presented to the ED on\_\_\_\_\_\_\_\_\_\_\_\_date)□ AF confirmed □ unclear □ new onset □ persistent □ permanent  **------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**  **------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**ECG at time of discharge from ED **----------------------------** ECG today --------------  **Medications:** □ NKDA□allergic to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(reaction)  See medication reconciliation  □BB □CCB □ Digoxin □ antiarrhythmic □ anticoagulation □ diuretic □ ACE |

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| **CV Physical Exam Findings: Height \_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_Kg *or*  \_\_\_\_\_\_Lb**  **JVP \_\_\_\_\_\_\_\_\_ HJR** □ negative □ positive **Carotid bruit** 🞎 N 🞎 Y  Enlarged thyroid 🞎 N 🞎 Y  **HR** radial pulse \_\_\_\_\_bpm 🞎 regular 🞎 irregular B/P \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Heart Sounds** □normal S1 🞎 normal S2 🞎 e**xtra heart sounds** □ N □ Y \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Murmur** □ N □ Y \_\_\_\_\_\_\_\_\_\_\_\_\_  **RV Heave** □ N □ Y **Apex** □ normal □ displaced  **Chest sounds** □clear 🞎 rales / crackles 🞎 wheezes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Hepatomegaly** 🞎 N 🞎Y **Peripheral edema** 🞎 N 🞎 Y \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Laboratory: date of results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Troponin □ negative □ positive  Electrolytes:  Creatinine: eGFR:  Coagulation:  TSH/date  Lipids/date: | **CHADS₂ Score**  □ **CHF 1**  □ **HTN (or treated HTN) 1**  □ **Age ≥ 75 1**  □ **Diabetes 1**  □ **Stroke** **/ previous emboli 2**  **Score \_\_\_**  **Score 0:**  □ no antithrombotic **(no other risk factors)**  □ vascular disease **= ASA (prior MI, CAD, PVD, claudication)**  □age ≥ 65 ***=* OAC**  **CHADS₂ = 1+ = OAC**  **HAS-BLED**  □ \*Hypertension (SBP> 160 mmHg) **1**  □ Abnormal renal function **1**  □ Abnormal liver function **1**  □ Stroke (past history) **1**  □ \*Bleeding history/ predisposition **1**  □ \*Labile INR (low, high, not therapeutic) **1**  □ Elderly age > 65 **1**  □ \*Drugs (ASA,NSAIDs) **1**  □ \*ETOH abuse **1**  \*consider improving modifiable risk factors |
| **Investigations ordered:**  □ ECHO □ Holter monitor x \_\_\_\_\_ hours  Assessment: (type of AFib /FL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Etiology AF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CHADS ₂ \_\_\_\_\_\_\_ CHA₂DS₂ VASC \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Issues:  Plan : □ no OAC □ Aspirin 81 mg □ Warfarin  □ Dabigatran 150 mg BID □ Dabigatran 110 mg BID (rationale)  □ Apixaban 5 mg BID □ Rivaroxaban 20 mg daily (rationale) |