

EMR Toolkit.

(A) Initial assessment form.

Feb 16, 2016 Atrial Fibrillation Initial Assessment AV

History

AFIB confirmed via ECG
 document AFIB in CPP

• Pattern

Severity of AFIB

[learn more...](#)

OBJECTIVE

Apical HR:

regular

BP:

JVP elevated
 carotid bruit
 normal heart sounds
 murmur
 ankle edema
 peripheral pulses present

Investigations

TSH
 CBC
 ALT
 Hb A1C
 ECG
 echocardiogram
 sleep study
 stress test

Education

Avoid alcohol, caffeine, nicotine
 Discussed medication side effects, interactions, and monitoring
 Patient handouts given

FINISH

SUBJECTIVE

Current Symptoms:

palpitations
 chest pain
 lightheadedness
 fatigue
 decrease in exercise capacity
 dyspnea
 syncope

Triggers:

(e.g. alcohol, caffeine)

Risk Factors

Hypertension

Sleep Apnea

Diabetes

Hyperthyroidism

Left Ventricular Dysfunction

Mitral Stenosis

Rheumatic Heart Disease

Coronary Heart Disease

PLAN

Stroke Prevention

→ [calculate stroke risk](#)

oral anticoagulation [more info](#)
 ASA
 Other antiplatelet

▲ Reassess stroke risk when:
 1. Reached aged 65 yrs or 75 yrs
 2. New dx of DM, CHF, HTN, stroke/TIA, vascular disease

Adherence

adverse effects / bleeding

Rate Control

Target HR less than 100

BB
 CCB
 digoxin [more info](#)

Follow-up

Referral to cardiology
 Referral to internal medicine

Followup in:

FINISH

CognisantMD

(B) Follow-up visit form.

Feb 16, 2016 AFIB Follow Up Visit AV

[view Flowsheet](#) CognisantMD

SUBJECTIVE

Current Symptoms:

palpitations
 fatigue
 dyspnea
 lightheadedness
 chest pain
 bleeding
 bruising

• Severity of AFIB

[learn more...](#)

ASSESSMENT:

Current Stroke Prevention:

→ [calculate stroke risk](#)

oral anticoagulation
 ASA
 Other antiplatelet

▲ Reassess stroke risk if:
 1. Reached aged 65 yrs or 75 yrs
 2. New dx of DM, CHF, HTN, stroke/TIA, vascular disease

Adherence

FINISH

OBJECTIVE:

Physical Exam:

Apical HR:

BP:

Normal heart sounds
 Chest Clear

Latest Labs:

Monitored by specialist:

Last monitored on:

Hb PRIVATE
 Platelets PRIVATE
 INR 2.5
 Creatinine 70
 eGFR PRIVATE

PLAN

Rate/Rhythm

Continue current regimen
 Change current treatment [more info](#)

Stroke Prevention

Continue current regimen
 Change current treatment [more info](#)

Investigations

CBC
 INR
 Cr / eGFR

Education

Patient handouts given

Follow up in

Other:

FINISH

(C) Stroke and bleeding risk calculator.

Special Note Stroke and Bleeding Risk Tool JEL/dc CognisantMD* X

Stroke Risk

Moderate to severe mitral stenosis

CHADS2

Congestive heart failure or EF <= 35%

Hypertension

Age >= 75 [Learn more](#)

Diabetes Mellitus

Stroke, TIA or systemic emboli

Vascular disease (previous MI, PAD or aortic plaque)

Age 65 to 74 [Learn more](#)

Female

None of the above

Bleeding Risk

Systolic >= 160mmHg

Abnormal renal function (dialysis, transplant or Cr > 200)

Abnormal liver function (cirrhosis or bili >2X normal + AST/ALT/ALP > 3X normal)

Stroke

Bleeding history or disposition [Learn more](#)

Labile INR (INR in range less than 60% of time)

Elderly (Age > 65 years)

Drugs (concomitant NSAIDs, antiplatelets) [Learn more](#)

Alcohol (more than 7 drinks / week)

None of the above

Other considerations (e.g. risk of frequent/traumatic falls) [Learn more](#)

Annual Stroke Risk: 4.0% (3.1-5.1) **Annual Bleeding Risk: 1.02%**

Recommendations:

**** Based on stroke risk, oral anticoagulation is recommended. ****
Remind the patient that 20% of strokes due to AFIB are fatal and 60% result in permanent disability [1]. Treatment with anticoagulation reduces this risk by 60-70% and aspirin reduces this risk by 20-25% [2].

Latest recorded systolic BP: PRIVATE
Latest creatinine: 70

[→ References](#)