

Atrial Fibrillation (AFib)/A-Flutter

All Classes
Updated 06/30/2021

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. Previously reported to FAA and the airman has a letter from the FAA that monitoring is not required.</p>	<p>The airman should bring his/her letter(s) from the FAA (for this condition) for the AME to review.</p> <p>If the AME's history and exam do not reveal any evidence or concern of recurrence:</p>	<p>ISSUE</p> <p>Summarize this history in Block 60.</p>
<p>B. Previously warned; Now with a New event or Findings:</p>	<p>Submit the following to the FAA for review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Non-Valvular Atrial Fibrillation (AFib)/A-Flutter INITIAL Status Report OR <input type="checkbox"/> A current clinical summary from the treating cardiologist describing all items on the AFib/A-Flutter Status Report sheet. <p>PLUS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ≥ 24-hour cardiac monitor. 	<p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Follow-up Special Issuance – Will be per the Airman's authorization letter</p>
<p>C. Non-Valvular AFib/A-Flutter</p> <p>History of at <u>any time</u> OR current:</p> <p>Single or multiple episodes Paroxysmal Persistent Permanent/chronic Untreated or treated</p> <p>AFib treated with ablation (3-month recovery period) or cardioversion (1-month recovery period)</p>	<p>Submit the following to the FAA for review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Non-Valvular Atrial Fibrillation (AFib)/A-Flutter INITIAL Status Report OR <input type="checkbox"/> A current clinical summary from the treating cardiologist describing all items on the AFib/A-Flutter Status Report sheet. <input type="checkbox"/> Initial etiology work-up as follows: <ul style="list-style-type: none"> ○ TSH; ○ Sleep Study that meets current AASM or CMS Guidelines for a Type I or Type II sleep study (Type III or Type IV NOT allowed); ○ ≥ 24 hour cardiac monitor; ○ Cardiac echocardiogram; and ○ Exercise stress test <input type="checkbox"/> If taking Warfarin, submit info listed on Pharmaceutical Anticoagulants – Emboli Mitigation. 	<p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Follow-up Special Issuance – Will be per the Airman's authorization letter</p> <p>See Non-Valvular Atrial Fibrillation (AFib)/A-Flutter RECERTIFICATION Status Report</p>

<p>D. Treated with left atrial appendage (LAA) closure device</p> <p>ex: Watchman</p>	<p>After a 6-month recovery period, submit the following to the FAA for review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiologist evaluation that describes why the procedure/device was indicated, treatment regimen throughout the process, any procedure complications, whether device is working properly, and the current status of AFib; <input type="checkbox"/> Current CHA2DS2-VASc score; <input type="checkbox"/> Initial AFib etiology work up (TSH, sleep study that meets current AASM or CMS Guidelines for a Type I or Type II sleep study [Type III or Type IV not allowed], ≥ 24 hour cardiac monitor, cardiac echocardiogram, exercise stress test), if not previously submitted; <input type="checkbox"/> Procedure report; <input type="checkbox"/> TEE report from time of implantation, if performed (images not required in most cases); and <input type="checkbox"/> TEE report from ≥ 45 days post procedure to evaluate for peri-device leaks (Recommended images at 0, 45, 90, and 135 degrees with 2-4 heartbeats to show appendage and occlusion device or in accordance with industry standards). 	<div style="background-color: red; height: 15px; width: 100%;"></div> <p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Follow-up Special Issuance – Will be per the Airman’s authorization letter</p>
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