

# ATRIAL FIBRILLATION (AFIB)/A-FLUTTER

All Classes  
(Updated 05/29/2024)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p><b>A. Previously reported to FAA</b> 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 style="background-color: #008000; color: white; text-align: center; font-weight: bold; padding: 2px;">ISSUE</p> <p>Summarize this history in Block 60.</p>
<p><b>B. Previously warned; Now with New event or Findings:</b></p>	<p>Submit the following to the FAA for review:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Non-Valvular Atrial Fibrillation (AFib)/A-Flutter Status Summary</a></li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Detailed clinical progress notes from the treating physician(s) describing the new event or finding.</li> </ul> <p><b>PLUS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Current ≥ 24-hour cardiac monitor.</li> </ul>	<p style="background-color: #ff0000; color: white; text-align: center; font-weight: bold; padding: 2px;">DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p><b>Follow-up Special Issuance –</b> Will be per the Airman’s authorization letter</p>
<p><b>C. Non-Valvular AFib/A-Flutter</b></p> <p>History of at <b><u>any time</u></b> <b>OR</b> current:</p> <p>Single or multiple episodes Paroxysmal Persistent Permanent/chronic Untreated or treated</p> <p>AFib treated with ablation (3-month recovery period) <b>or</b> cardioversion (1-month recovery period)</p>	<p>Submit the following to the FAA for review:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Non-Valvular Atrial Fibrillation (AFib)/A-Flutter Status Summary</a></li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Detailed clinical progress notes from any provider seen for this condition (PCP, cardiology, urgent care) which identify symptoms, testing performed, diagnosis, and treatment.</li> <li><input type="checkbox"/> Hospital records (if applicable), including: <ul style="list-style-type: none"> <li>○ Admission (H&amp;P)</li> <li>○ Discharge summary</li> </ul> </li> <li><input type="checkbox"/> Current ≥ 24-hour cardiac monitor</li> <li><input type="checkbox"/> Initial etiology work-up as follows: <ul style="list-style-type: none"> <li>○ TSH;</li> <li>○ Sleep Study that meets current AASM or CMS Guidelines for a Type I or Type II sleep study</li> </ul> </li> </ul>	<p style="background-color: #ff0000; color: white; text-align: center; font-weight: bold; padding: 2px;">DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p><b>Follow-up Special Issuance –</b> Will be per the Airman’s authorization letter</p> <p>See <a href="#">Non-Valvular Atrial Fibrillation (AFib)/A-Flutter Status Summary</a></p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	<p>(Type III or Type IV NOT allowed);</p> <ul style="list-style-type: none"> <li>○ Cardiac echocardiogram; and</li> <li>○ Exercise stress test</li> </ul> <p><input type="checkbox"/> If taking warfarin, submit info listed on Pharmaceutical Anticoagulants – <a href="#">Emboli Mitigation</a>.</p>	
<p><b>D. Treated with left atrial appendage (LAA) closure device</b></p> <p>ex: Watchman</p>	<p>After a <b>6-month recovery period</b>, submit the following to the FAA for review:</p> <ul style="list-style-type: none"> <li><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;</li> <li><input type="checkbox"/> Current <a href="#">CHA2DS2-VASc score</a>;</li> <li><input type="checkbox"/> Current ≥ 24-hour cardiac monitor</li> <li><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], cardiac echocardiogram, exercise stress test), if not previously submitted;</li> <li><input type="checkbox"/> Procedure report;</li> <li><input type="checkbox"/> TEE report from time of implantation, if performed (images not required in most cases); and</li> <li><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).</li> </ul>	<div style="background-color: red; height: 15px; width: 100%;"></div> <p><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p><b>Follow-up Special Issuance –</b> Will be per the Airman’s authorization letter</p>