

NON-VALVULAR ATRIAL FIBRILLATION (AFIB)/A-FLUTTER STATUS SUMMARY

(Updated 03/27/2024)

Name _____

Birthdate _____

Applicant ID# _____

PI# _____

Instructions:

- Please have the **cardiologist** who treats your AFib or A-Flutter **complete, sign, and date** this sheet or submit a [current, detailed Clinical Progress Note](#) that addresses ALL items below.
- Return this sheet (or a current, Detailed Clinical Progress note from the cardiologist) **AND a current cardiac monitor report** to your AME for electronic upload to the FAA:

1. **Has the patient's condition worsened within the past year?** (Check YES* if there are any required or recommended treatment changes, procedures, if stroke risk factors [e.g., hypertension, hyperlipidemia] have not been well controlled, any bleeding episodes requiring medical attention, or other concerns.).....
2. Is there a definitive or suspicious history for stroke, TIA, or any other thromboembolic event?
3. **Is treatment for AFib/A-Flutter currently indicated?** If YES*, identify reason(s) AND treatment* (circle): Symptoms Rate control Rhythm control Other _____
Treatment _____
4. What is your patient's **current CHA2DS2-VASc score**? (Circle components for score.)

Congestive heart failure	1
Hypertension	1
Age > = 75	2
Diabetes mellitus	1
Previous stroke/TIA/TE	2

Vascular disease (prior MI, PAD, or aortic plaque/atheroma)	1
Age 65-74	1
Female (Male = 0)	1

5. If CHA2DS2-VASc is **2 or more**, is the patient treated with NOAC/DOAC, LAA closure, or warfarin (Jantoven)? Warfarin (Jantoven) requires 6 weeks of stabilization with 80% of INRs between 2.0 and 3.0. Submit a copy of the last 6 monthly INR values.

If other [emboli mitigation strategy](#) utilized, describe: _____

6. Does a current **≥ 24hr cardiac monitor** show poor rate control or is the patient functionally symptomatic? (Address any concerns if average heart rate is > 100, maximum [non-exertional] is > 120, or a single pause is > 3 seconds. You must **submit the 1-page computerized summary and the representative full-scale multi-lead ECG tracings, EVEN IF FINDINGS ARE NORMAL.**)
7. Is the patient non-compliant or not tolerating AFib/A-Flutter treatment and/or emboli mitigation medication? (Also check YES* if significant side effects.)
8. Describe any significant clinical history changes since last evaluation, any YES* items, or other concerns:

NO	YES*
NO	YES*
NOT indicated OR NO problems With treatment	YES* Indicated but NOT being treated*
CHA2DS2- VASc score	
Treatment NOT indicated OR treatment goals met	*Indicated but NOT treated OR goals NOT met
NO	YES*
NO	YES*

Cardiologist Signature

Date of evaluation

AME instructions:

INITIAL Afib consideration. AME must defer.

Recertification. If the pilot has a valid AASI for Atrial Fibrillation and each item on the AFib/A-Flutter Status Summary is in the left-hand column (NO "yes" answers) follow AASI instructions.

IF ANY ANSWER FALLS IN YES* COLUMN ABOVE, THE AME MUST DEFER.