

eAppendix 1. Atrial Fibrillation Cohort Standardized Note Template

Patient identified as having documentation of atrial fibrillation or flutter (AF) and not receiving oral anticoagulation therapy (OAC). Formal review to evaluate AF diagnosis and evaluate indication for anticoagulation therapy.

> Does AF represent an accurate indication for which OAC should be considered?

No

Diagnosis inaccurate

AF accurate, but transient/episodic/sub-clinical/historical and does not represent an indication for OAC

Yes

> Is there a strong reason to avoid OAC? (e.g., absolute contraindication, inconsistent with goals of care, etc.)

Yes

Patient/medical power of attorney has made the informed decision to avoid OAC (strong evidence of thoughtful discussion and consideration found in the medical record)

Absolute contraindication inconsistent with goals of care, etc.

Non-Pharmacologic approach to AF-related SSE prevention already in place (i.e., LAAO)

No

> Is the patient currently prescribed OAC?

Yes: _____

No

SSE risk factors (CHA2DS2-VASc Score)

Select all that apply:

Heart Failure/LV dysfunction ----- 1 point

Hypertension ----- 1 point

Age greater than 75 ----- 2 points

Diabetes mellitus ----- 1 point

Stroke/TIA/Systemic embolism ----- 2 points

Vascular disease (prior MI/PAD/aortic plaque) ----- 1 point

Age 65-74 ----- 1 point

Female gender ----- 1 point

CHA2DS2-VASc Score (range 0-9): _____

This patient's estimated annualized risk of stroke based on CHA2DS2-VASc Score: _____

Based on AF and stroke risk factors, OAC:**

Is not recommended (Non-Sex CHA2DS2-VASc = 0)

Should be considered (Non-Sex CHA2DS2-VASc = 1)

Recommendations: This patient was reviewed for the presence of AF and stroke/systemic embolism risk factors - found to have both AF and a risk factor that supports consideration of anticoagulation therapy. Recommend a shared decision-making discussion with the patient to review risks of stroke and bleeding and determine plan of care based on the patient's values and preferences.

Is recommended (Non-Sex CHA2DS2-VASc 2 or higher)

Recommendations: This patient was reviewed for the presence of AF and stroke/systemic embolism risk factors - found to have both AF and an indication for anticoagulation therapy. Please consider the addition of OAC and any necessary referral as indicated.

** Note template was built prior to the publishing of the 2023 American College of Cardiology and American Heart Association Guideline for Diagnosis and Management of Atrial Fibrillation