

Study Proforma for the project:

A Single Centre Retrospective Review on Atrial Fibrillation After Coronary Artery Bypass Grafting

1. Name
2. RN
3. Sex
4. Race
5. Age
6. Date of Admission: dd/mm/yyyy
7. Date of Surgery: dd/mm/yyyy
8. Date of Discharge: dd/mm/yyyy
9. Pre-morbid conditions: (Yes/No)
 - i. HPT
 - ii. DM
 - iii. Hypercholesterolaemia
 - iv. COPD
 - v. CHF
 - vi. Chronic AF
 - vii. Others: Specify
10. Pre-surgery medications (Yes/No. If Yes please specify name of medication)
 - i. Anti hypertensive
 - ii. Anti platelets (Aspirin/Cardiprin/Clopidogrel)
 - iii. Anti lipids
 - iv. Oral hypoglycaemics
 - v. Insulin
 - vi. NSAIDs
 - vii. Others: Specify
11. NYHA Pre-Op: I, II, III, IV
12. ECHO findings: (Normal/Abnormal. If Abnormal please state the value)
 - i. Left atrium size
 - ii. Right atrium size
 - iii. Ejection fraction
13. Type of CABG:
 - i. On-Pump
 - ii. Off-Pump
14. CABG Procedures
 - i. Isolated
 - ii. With Valve Procedure
 - a. Mechanical valve
 - b. Prosthetic valve
15. Cross clamp time: minutes
16. Bypass time: minutes

17. Ventilation time

18. CICU Ventilation

- i. Initial hours ventilation
- ii. Reintubation
- iii. Total hours ventilated

19. Total CICU stay

- i. Initial hours CICU stay
- ii. Readmission
- iii. Total hours CICU stay

20. Total HDU stay

- i. Initial hours HDU stay
- ii. Readmission
- iii. Total hours in HDU

21. Onset of AF (Yes/No. If Yes please specify how many hours post op)

- i. On-pump CABG: Hours post-op
- ii. Off-pump CABG: hours post-op

22. Treatment for AF

- i. Amiodarone
- ii. Digoxin
- iii. Beta-blocker
- iv. Electrical cardioversion
- v. Others: Specify

23. Total duration of hospital stay: days

24. Morbidities associated with AF post CABG (Yes/No)

- i. Stroke
- ii. MI
- iii. Infection
- iv. Respiratory problems
- v. Renal failure
- vi. Gastrointestinal problems
- vii. Endocrine problems
- viii. Others: please specify

25. Death

26. Discharged

- i. Rhythm on Discharged:
 - a. Sinus rhythm
 - b. AF
 - c. Others: Specify
- ii. Antiarrhythmic agents:
 - a. Amiodarone
 - b. Beta blockers

- c. Others: Specify
 - iii. Medications on Discharged:
 - a. Aspirin
 - b. Warfarin
 - c. Anti platelets
 - d. Statins
 - e. Diuretics
 - f. Digoxin
 - g. Others: Specify

27. Follow-Up

- i. ECG on Follow up
 - a. Sinus rhythm
 - b. AF
 - c. Others: Specify
- iii. Anti-arrhythmic drugs
 - a. Amiodarone
 - b. Beta-blocker
 - c. Others: Specify
- iv. Anti-coagulation:
 - a. Warfarin
 - b. Others: Specify

28. Readmission

- i. Date of readmission: dd/mm/yyyy
- ii. Reason for readmission

29. Re-do surgery

- i. Date of re-do surgery: dd/mm/yyyy