**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_**

**Procedure Reference Data:**

Size Deployed:  21  24  27  30  33

Jet: 0 ° \_\_\_\_ mm 45° \_\_\_ mm 90° \_\_\_\_\_mm 135° \_\_\_\_ mm

Pre-Sedation Neurological Status: Normal Abnormal

If abnormal, is it changed from baseline status?  No Yes

If yes, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Watchman Position**:

Unchanged

Migration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Atrial Appendage Color Doppler Occlusion Assessment:**

**Watchman device and LAA Border**

Any evidence of a residual Jet around the Watchman device from LAA to Left Atrium?

(Measured at vena contracta - plane in closest contact with LAA wall.)

0 Degrees  No  Yes Jet Width \_\_\_\_\_\_\_\_\_ mm

45 Degrees  No  Yes Jet Width \_\_\_\_\_\_\_\_\_ mm

90 Degrees  No  Yes Jet Width \_\_\_\_\_\_\_\_\_ mm

135 Degrees  No  Yes Jet Width \_\_\_\_\_\_\_\_ mm

Most Consistent/Reproducible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status: Complete Seal No blood flow through or around Watchman**

Yes  No as above

**Thrombus Assessment**

Evidence of Thrombus  No  Yes

If yes, Location  Device Face or other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Residual LA to RA Shunt**  No  Yes

Yes: Patient directed to stop Coumadin (Warfarin) and to start Plavix (Clopidogrel) + Aspirin 325 mg

No Patient directed to continue Coumadin(Warfarin)

Prescription Provided:  Yes  No

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_