

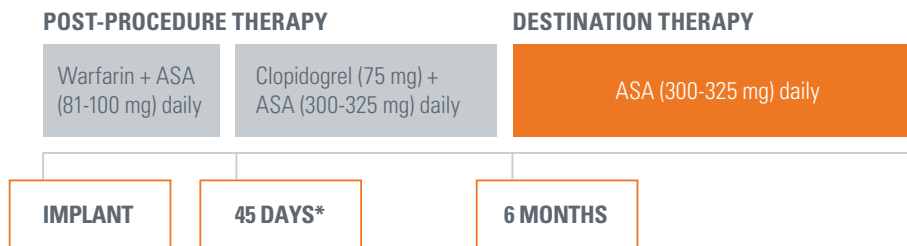
## WATCHMAN Pre Screening Checklist

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

If you answer NO to any of the four criteria below, the patient does not meet the WATCHMAN implant eligibility requirements.

- 1  YES  NO **Patient has Non-Valvular Atrial Fibrillation (NVAF)**
- 2  YES  NO **Patient has an increased risk for stroke and is recommended for oral anticoagulation (OAC)**  
*CHA<sub>2</sub>DS<sub>2</sub>-VASc of ≥2 (or CHA<sub>2</sub>DS<sub>2</sub>-VASc of ≥3 for Medicare patients). See table on back page.*
- 3  YES  NO **Patient is suitable for short-term warfarin therapy but deemed unable to take long-term OAC**

### WATCHMAN Post Implant Drug Regimen



\*At TEE: If leak >5mm, patients remain on warfarin + ASA until seal is documented (leak ≤ 5mm), skipping the Clopidogrel + ASA pharmacotherapy.

- 4  YES  NO **Patient has an appropriate rationale to seek a non-pharmacologic alternative to warfarin. Specific factors may include one or more of the following:**
- History of bleeding or increased bleeding risk (See HAS-BLED table on back page.)
  - High risk of recurrent falls
  - Documented poor compliance with OAC therapy
  - Inability or difficulty maintaining therapeutic range
  - Intolerance of warfarin and NOACs
  - Increased bleeding risk not reflected by the HAS-BLED score (e.g. thrombocytopenia, cancer, or risk of tumor associated bleeding in case of systemic anticoagulation)
  - Occupation/lifestyle with increased bleeding risk
  - Severe renal failure
  - Avoidance of triple therapy after PCI or TAVR
  - Other situations for which OAC is inappropriate

Does Your NVAF Patient Meet Criteria for a WATCHMAN Referral?

If so, please refer to: \_\_\_\_\_

### CHA<sub>2</sub>DS<sub>2</sub>VASc Score (Stroke Risk)

	Condition	Points	Score	Yearly Stroke Risk (%)
C	Congestive Heart Failure	1	0	0
H	Hypertension (SBP > 160)	1	1	1.3
A <sub>2</sub>	Age ≥ 75 Years	2	2	2.2
D	Diabetes mellitus	1	3	3.2
S <sub>2</sub>	Prior stroke, TIA or thromboembolism	2	4	4.0
V	Vascular disease (PAD,MI)	1	5	6.7
Sc	Sex category (Female)	1	6	9.8
A	Age 65-74 years	1	7	9.6
<b>TOTAL POINTS</b>			8	6.7
			9	15.2

### HAS-BLED Score (Bleeding risk with warfarin)

	Condition	Points	Score	Yearly Major Bleeding Risk (%)
H	Hypertension	1	0	1.13
A	Abnormal renal/liver function (1pt each)	1 or 2	1	1.02
S	Hemorrhagic Stroke	1	2	1.88
B	Bleeding history or disposition	1	3	3.74
L	Labile	1	4	8.7
E	Elderly	1	5+	12.5%
D	Current drugs (medication) or alcohol use (1pt each)	1 or 2		
<b>TOTAL POINTS</b>				

\*Major Bleed = ICH or bleeding resulting in a hospitalization, a hemoglobin drop > 2 g/dL, or a blood transfusion.

NOTE: A high HAS-BLED score is ≥3.

### Formal Shared Decision Making

The patient must have a formal shared decision making interaction with an independent, non-interventional physician using an evidence-based decision tool on oral anticoagulation in patients with NVAf prior to LAAC. Additionally, the shared decision making interaction must be documented in the medical record. THIS IS NOT A FORMAL SHARED DECISION MAKING DOCUMENT AND CANNOT BE USED FOR RECORDING THE SHARED DECISION MAKING INTERACTION.