CRYPTOGENIC STROKE PATHWAY DISCUSSION CHECKLIST

Hospital Name ________________________________________________________________

FORMAT AND DISSEMINATION

Pathway:
- Part of existing Acute Stroke protocol? Y □ N □
- New protocol specific to Cryptogenic Stroke? Y □ N □
- Order-set? Y □ N □ ______________________________________________________

Format and location:
- Written? Y □ N □  Flowchart? Y □ N □
- Where does it exist?

Dissemination:
- Pocket Cards? Y □ N □  Badge Cards? Y □ N □

PATIENT CRITERIA

Inclusion (check all that apply):
- Stroke detected by CT or MRI that is not lacunar
- Absence of extracranial or intracranial atherosclerosis causing ≥ 50% stenosis
- No major-risk cardioembolic source of embolism
- No other specific cause of stroke identified (arteritis, dissection, migraine/vasospasm, drug misuse)
- Age restriction? If so, what age? ______
- TIA - ABCD₂ score of ≥ 4 or aphasia, slurred speech, unilateral weakness
- CHADS₂ ≥ 2
- Other? _____________________________

Exclusion (check all that apply):
- Indication for chronic anticoagulation or already on anticoagulation
- Relative contraindication for long-term anticoagulation and are appropriate for LAA closure device
- Other? _____________________________

Medtronic
TESTS
Check all that apply:
☐ 12-lead ECG  ☑ ≥ 24 hours of ECG monitoring  ☐ TTE  ☐ TEE
☐ Screening for thrombophilic states (< 55 years old)
☐ MRA, CTA, or catheter angiography of the head and neck
☐ Other? ____________________________________________________________

REFERRAL AND INSERTION

Referral:
- Any consult needed? Y ☐ N ☐
  If so, what type? ______________________________________________________
- Refer to EP/Implanting Cardiologist for Reveal LINQ? Y ☐ N ☐
- Other wording for referral __________________________________________________
- Order in EPIC? Y ☐ N ☐ __________________________________________________

Insertion:
- Inpatient ☐  Outpatient ☐  Both ☐
- Location
  EP Lab ☐  Holding Area ☐  Other ☐ __________________________________________

RESPONSIBILITIES

Insertion:
Who do referrals go to? ____________________________________________________

Education:
Who is responsible for education? (Keep in mind # of touch points and transition of care)
- RN? Y ☐ N ☐  Case manager? Y ☐ N ☐
- Other? ________________________________________________________________

Where to educate:
- Bedside? Y ☐ N ☐ _______________________________________________________
- At Insertion? Y ☐ N ☐ ___________________________________________________
- Discharge? Y ☐ N ☐ _____________________________________________________
- Educate family? Y ☐ N ☐
Data:
- Does EP follow data? Y □  N □
- Other? _______________________________________________________________________  
- Does Neurology want “visual” access to data? Y □  N □

Treatment Decision:
Who makes treatment decision?
- EP/Implanting Cardiologist? Y □  N □
- Neurology? Y □  N □
- Other? Y □  N □ _____________________________________________________________________

How much AF is enough?
- Any AF? Y □  N □
- Other amount? ___________________________________________________________________

Who needs to be alerted when AF is found?
- Neurology? Y □  N □
- Other? _______________________________________________________________________
- Who will contact patient? _____________________________________________________________________________
- Stroke coordinator/quality improvement? Y □  N □
  (GWTGL) — Could this be a quality improvement project? Y □  N □

Final Approval for Pathway:
Who needs to sign off? Who will take to stakeholder?
- Neurology _____________________________________________________________________________
- EP ___________________________________________________________________________________
- Cardiology _____________________________________________________________________________
- Stroke Team _____________________________________________________________________________
- Hospitalists _____________________________________________________________________________
- Hospital Administration _____________________________________________________________________
Brief Statement

Indications
Reveal LINQ™ LNQ11 Insertable Cardiac Monitor and Patient Assistant
The Reveal LINQ Insertable Cardiac Monitor is an implantable patient-activated and automatically-activated monitoring system that records subcutaneous ECG and is indicated in the following cases:
- Patients with clinical syndromes or situations at increased risk of cardiac arrhythmias
- Patients who experience transient symptoms such as dizziness, palpitation, syncope, and chest pain, that may suggest a cardiac arrhythmia

This device has not specifically been tested for pediatric use.

Patient Assistant
The Patient Assistant is intended for unsupervised patient use away from a hospital or clinic. The Patient Assistant activates the data management feature in the Reveal Insertable Cardiac Monitor to initiate recording of cardiac event data in the implanted device memory.

Contraindications
There are no known contraindications for the implant of the Reveal LINQ Insertable Cardiac Monitor. However, the patient’s particular medical condition may dictate whether or not a subcutaneous, chronically implanted device can be tolerated.

Warnings/Precautions
Reveal LINQ LNQ11 Insertable Cardiac Monitor
Patients with the Reveal LINQ Insertable Cardiac Monitor should avoid sources of diathermy, high sources of radiation, electrosurgical cautery, external defibrillation, lithotripsy, therapeutic ultrasound, and radiofrequency ablation to avoid electrical reset of the device, and/or inappropriate sensing as described in the Medical procedure and EMI precautions manual. MRI scans should be performed only in a specified MR environment under specified conditions as described in the Reveal LINQ MRI Technical Manual.

Patient Assistant
Operation of the Patient Assistant near sources of electromagnetic interference, such as cellular phones, computer monitors, etc., may adversely affect the performance of this device.

Potential Complications
Potential complications include, but are not limited to, device rejection phenomena (including local tissue reaction), device migration, infection, and erosion through the skin.

Medtronic MyCareLink™ Patient Monitor, Medtronic CareLink™ Network and CareLink™ Mobile Application

Intended Use
The Medtronic MyCareLink Patient Monitor and CareLink Network are indicated for use in the transfer of patient data from some Medtronic implantable cardiac devices based on physician instructions and as described in the product manual. The CareLink Mobile Application is intended to provide current CareLink Network customers access to CareLink Network data via a mobile device for their convenience. The CareLink Mobile Application is not replacing the full workstation, but can be used to review patient data when a physician does not have access to a workstation. These products are not a substitute for appropriate medical attention in the event of an emergency and should only be used as directed by a physician. CareLink Network availability and mobile device accessibility may be unavailable at times due to maintenance or updates, or due to coverage being unavailable in your area. Mobile device access to the Internet is required and subject to coverage availability. Standard text message rates apply.

Contraindications
There are no known contraindications.

Warnings and Precautions
The MyCareLink Patient Monitor must only be used for interrogating compatible Medtronic implantable devices.

See the device manual for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1-800-328-2518 and/or consult the Medtronic website at www.medtronic.com.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.