CLINICAL DOCUMENTATION CHECK LIST

Diagnosis of cryptogenic ischemic stroke

It is recommended that the comprehensive evaluation follow the latest professional society guidelines for diagnosing a cryptogenic ischemic stroke, and should include at a minimum the following assessments:

- ☐ MRI or CT scanning of the head to rule out small vessel disease or lacunar infarct[1]
- ☐ TEE to rule out non-PFO intra-cardioembolic sources or conditions or aortic arch atheroma[1]
- ☐ ECG and prolonged cardiac rhythm monitoring (~ 30 days) to rule out atrial fibrillation and other heart rhythm disturbances that may be associated with stroke[1]
- ☐ Intra and extracranial artery imaging: MRA, CT angiography, or contrast angiography to rule out an ischemic stroke associated with atherosclerotic plaque, arterial dissection or other vascular diseases[1]
- ☐ Hematological evaluation to rule out underlying hypercoagulable state[1]

This list is not an exhaustive list of all conditions to consider. It is the responsibility of the provider to determine the proper assessments to determine the diagnosis of a cryptogenic stroke.

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1. AMPLATZER™ PFO Occluder Instructions for Use.

The AMPLATZER™ PFO Occluder is indicated for percutaneous transcatheter closure of a patent foramen ovale (PFO) to reduce the risk of recurrent ischemic stroke in patients, predominantly between the ages of 18 and 60 years, who have had a cryptogenic stroke due to a presumed paradoxical embolism, as determined by a neurologist and cardiologist following an evaluation to exclude known causes of ischemic stroke.

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St. Jude Medical is now Abbott.

Rx Only
Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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