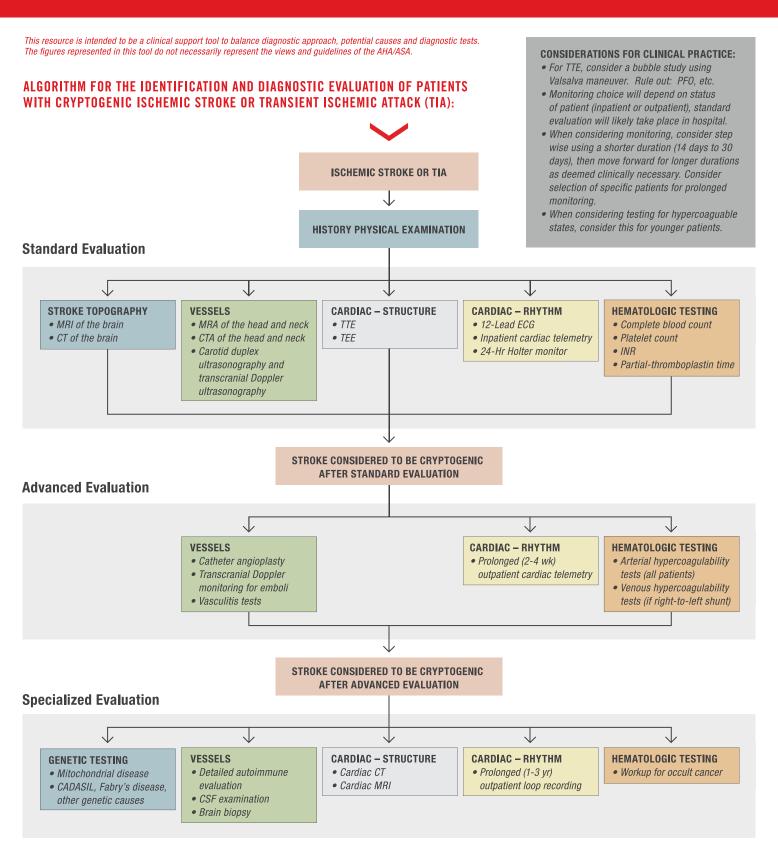
CODE STROKE TEAM QUICK SHEET:

A STEPPED PROGRESSION TO IDENTIFYING A POTENTIAL CAUSE FOR CRYPTOGENIC STROKE



Saver, J.L. (2016). Cryptogenic Stroke. New England Journal of Medicine, 374(21), 2068.





DIAGNOSTIC EVALUATION AND THERAPEUTIC IMPLICATIONS IN ISCHEMIC STROKE:

DIAGNOSTIC TEST

THERAPEUTIC IMPLICATIONS

CARDIAC CAUSES

PAROXYSMAL OCCULT AF	Noninvasive cardiac monitoring, and if no AF or flutter detected, then implantable cardiac monitoring	Anticoagulation therapy
ATRIAL CARDIOPATHY	Serum NT-proBNP, echocardiography, ECG	Treatment with antiplatelet vs anticoagulation is unknown, but empirical treatment with anticoagulation may be reasonable
ATRIAL SEPTAL DEFECT	Echocardiography (TEE superior to TTE)	Venous imaging if atrial septal defect detected

ATHEROSCLEROTIC CAUSES

AORTIC ARCH DISEASE	Echocardiography (TEE superior to TTE)	Antiplatelet and statin therapy
SUBSTENOTIC ATHEROSCLEROSIS	Vessel wall imaging, plaque MRI	Antiplatelet and statin therapy

OTHER CAUSES

CANCER	CT chest, abdomen, and pelvis	Antiplatelet vs. anticoagulation treatment of underlying cancer
HYPERCOAGULABLE STATE	Hypercoagulable work-up, including antiphospholipid antibodies	Anticoagulation therapy based on findings
ARTERIAL DISSECTION	MRA with fat-suppressed images	Antiplatelet therapy

*AF indicates atrial fibrillation; CT, computed tomography; MRA, magnetic resonance angiography; MRI, magnetic resonance imaging; NT-proBNP, N-terminal pro-B-type natriuretic peptide; TEE, transesophageal echocardiography; and TTE, transthoracic echocardiography.
Yaghi, S., Bernstein, R.A., Passman, R., Okin, P.M., Furie, K.L. (2017) Cryptogenic Stroke Research and Practice. Circulation Research(120),532

CLINICAL PROFESSIONALS INVOLVED:

Neurologist

Primary physician throughout patient experience, coordinate all services, initiate diagnostic tests and personnel involved with patient care. Whenever possible, a vascular neurologist should direct the evaluation.

Stroke coordinators

Follow patient from first contact to optimize timing, maintain records, evaluate process and coordinate discharge.

Nurses

Continuous, direct, personal patient contact: accurate implementing of orders and recording of patient progress.

Radiologist

Accurate, timely imaging results coordination with neurologist, cardiologist and interventional radiologist.

Cardiologist

Necessary specialist to initiate diagnostic studies.

Electrophysiologist

Possible consultant to cardiologist if arrhythmia, specifically atrial fibrillation, is suspected cause of the event.

Sleep specialist

Recommended consultation since sleep apnea significantly elevates risk of subsequent problems.

Hematologist

Consultation if hypercoagulability is suspected.

Oncologist

Consultation if hypercoagulability is suspected due to occult (or known) malignancy.

Rheumatologist

Consultation if hypercoagulability due to occult (or known) malignancy is suspected.

Primary care provider (PCP)

A health care practitioner who will follow the patient after the cryptogenic stroke is diagnosed. The PCP should receive a hospital discharge summary to facilitate transition of care from the neurologist/cardiologist, and to follow up on tests that provide definitive diagnosis of cryptogenic stroke if needed.



