

# Cryptogenic Stroke due to Undiagnosed Paroxysmal Atrial Fibrillation Implementation of a Discharge Plan

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**Introduction:** Strokes with an underlying cause of atrial fibrillation (AF) are more likely to be more detrimental due to its risk for recurrence, disability and mortality (January et al., 2014; Miller, Andersson, Kalra, 2005, Kannel et al., 1998). Ischemic strokes occurring due to undetermined origin are diagnosed cryptogenic per The Trial of Organization 10172 in Acute Stroke Treatment (TOAST) criteria (Adams et al., 1993). Recently, the term cryptogenic stroke has changed to Embolic Stroke of Unknown Source (ESUS) (Hart et al., 2014).

**Purpose:** The purpose of this project was to evaluate current discharge practices of cryptogenic stroke patients in the Midwest.

**Methods:** Data regarding discharge was retrospectively collected from a Comprehensive Stroke Center in the Midwest using the 2016 Get with Guidelines Stroke Registry and electronic health record. Specific information captured included patient demographics and discharge information from eligible patients.

**Results:** There were 24 patients that met the cryptogenic stroke criteria and received proper stroke workup. The majority of patients were male, less than 64 years, white, not Hispanic, and frequently discharged without additional monitoring recommended. CHA<sub>2</sub>DS<sub>2</sub>-VASc scores were not computed and recorded in any of the patients EHRs' and many were found to have a CHA<sub>2</sub>DS<sub>2</sub>-VASc score  $\geq 2$ .

**Conclusion:** The authors developed an Ischemic Stroke Flowchart to assist practitioners in ensuring that guideline based stroke care is provided and to improve outcomes of cryptogenic patients.