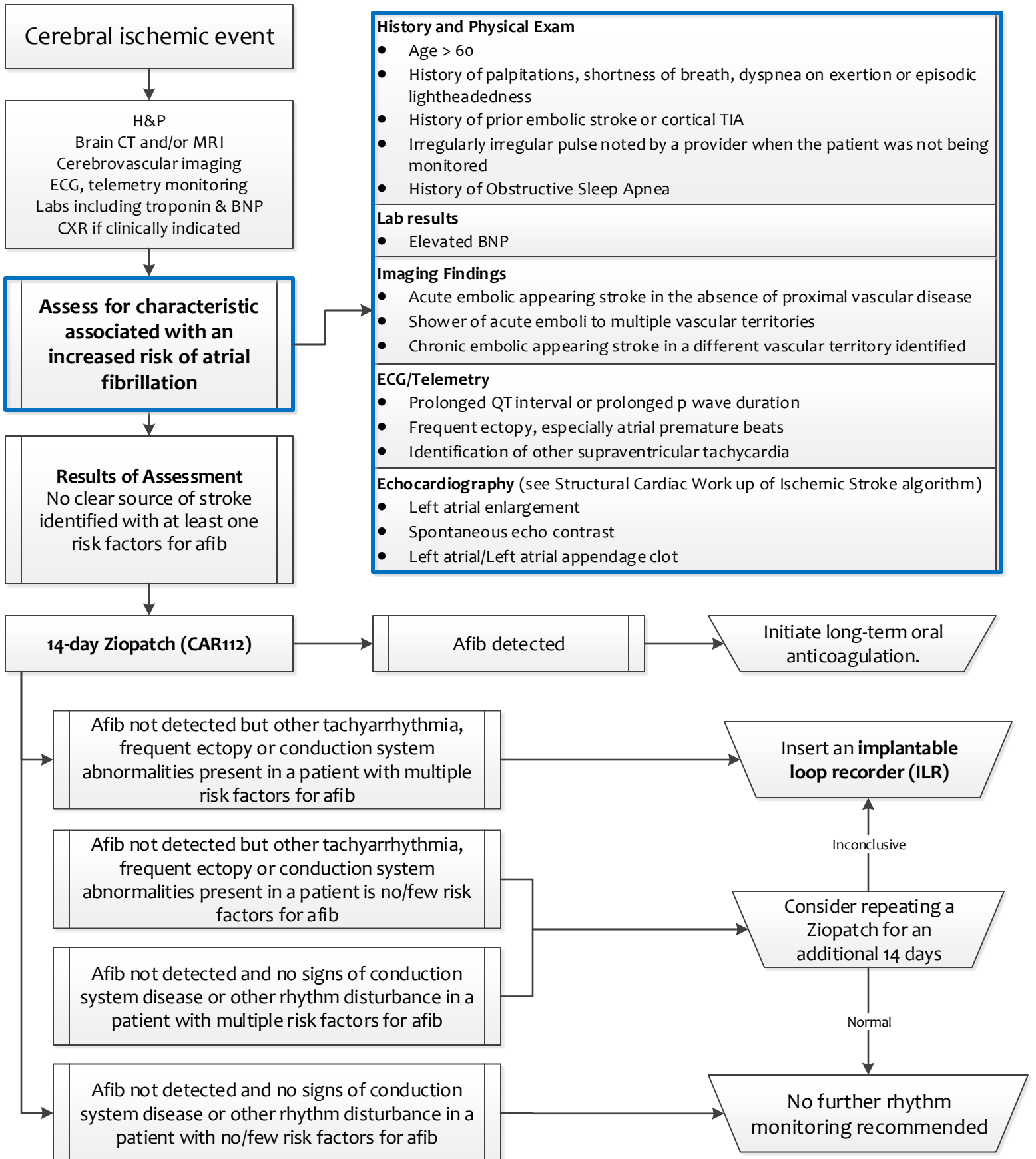


# Patient Selection for Prolonged Cardiac Rhythm Monitoring



<b>History and Physical Exam</b> <ul style="list-style-type: none"> <li>• Age &gt; 60</li> <li>• History of palpitations, shortness of breath, dyspnea on exertion or episodic lightheadedness</li> <li>• History of prior embolic stroke or cortical TIA</li> <li>• Irregularly irregular pulse noted by a provider when the patient was not being monitored</li> <li>• History of Obstructive Sleep Apnea</li> </ul>
<b>Lab results</b> <ul style="list-style-type: none"> <li>• Elevated BNP</li> </ul>
<b>Imaging Findings</b> <ul style="list-style-type: none"> <li>• Acute embolic appearing stroke in the absence of proximal vascular disease</li> <li>• Shower of acute emboli to multiple vascular territories</li> <li>• Chronic embolic appearing stroke in a different vascular territory identified</li> </ul>
<b>ECG/Telemetry</b> <ul style="list-style-type: none"> <li>• Prolonged QT interval or prolonged p wave duration</li> <li>• Frequent ectopy, especially atrial premature beats</li> <li>• Identification of other supraventricular tachycardia</li> </ul>
<b>Echocardiography</b> (see Structural Cardiac Work up of Ischemic Stroke algorithm) <ul style="list-style-type: none"> <li>• Left atrial enlargement</li> <li>• Spontaneous echo contrast</li> <li>• Left atrial/Left atrial appendage clot</li> </ul>