**WATCHMAN – 45 Day Post Procedure TEE F/U**

**45 day +/- 14 days post procedure**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_ MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEE Date:\_\_\_\_\_\_\_\_\_

Review of Physician TEE notes confirms patient was directed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient received 45 Day After Implant TEE Instructions: Yes/ No

Patient instructed to stop Coumadin: Yes/ No If Yes, date stopped: \_\_\_\_\_\_\_\_\_\_

Patient instructed to start Clopidogrel 75 mg daily: Yes/ No If yes, date started: \_\_\_\_\_\_\_\_

Patient instructed to start Aspirin 325 mg daily: Yes/ No If yes, date started: \_\_\_\_\_\_\_\_

Patient has 60 day F/U appointment with Procedure MD? Yes/ No Date:\_\_\_\_\_\_\_\_\_\_\_\_

Throat Soreness? Yes/ No Comments:

Reminded will receive F/U phone call at 6 months? Yes/ No

Reminded dental prophylaxis 1st 6 months? Yes/ No

Additional Comments:

Stroke History? Yes/ No (If Yes- Ask questions for Modified Rankin Scale & Barthel Index)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modified Rankin Scale** (to be assessed for each patient having history of stroke) □ Stroke history but not assessed  □ 0: No symptoms at all □1: no significant disability despite symptoms □2: slight disability □3: moderate disability □4: moderately severe disability □5: severe disability □6: death | | | | |
| **Barthel Index Performed**: □ No □ Yes | | | | |
| Feeding | Unable | Needs Help | Independent |  |
| Bathing | Dependent | Independent |  |  |
| Grooming | Needs help | Independent |  |  |
| Dressing | Dependent | Needs Help | Independent |  |
| Bowels | Incontinent | Inconsistent | Continent |  |
| Bladder | Incontinent | Inconsistent | Continent |  |
| Toilet use | Dependent | Needs Help | Independent |  |
| Transfers | Unable | Major Assist Needed | Minor Assist needed | Independent |
| Mobility | Immobile | Wheelchair | One Person Assist | Independent |
| Stairs | Unable | Needs Help | Independent |  |

Has the patient had any events (Cardiovascular, Systemic, Device, Neurologic, Bleeding) since last contact? Yes/ No (If Yes- answer questions)

|  |  |  |
| --- | --- | --- |
| **Event** | **Event Occurred** | **Event Date** |
| **CARDIOVASCULAR** |  |  |
| Myocardial Infarction  Endocarditis  Iatrogenic ASD requiring intervention  PCI  Pericardial Effusion requiring drainage  Pericarditis  Unplanned Cardiac Surgery  Unplanned Intervention  LAA Occlusion Reintervention | □ No □ Yes  □ No □ Yes  □ No □ Yes  □ No □ Yes  □ No □ Yes  □ No □ Yes  □ No □ Yes  □ No □ Yes  □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **SYSTEMIC** | | |
| Systemic Thromboembolism other than stroke | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| New Requirement for Dialysis | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Non-Device Related Readmission | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **DEVICE** | | |
| Device Related Admission  Device Fracture  Device Migration  Device Systemic Embolism  Device Thrombus | □ No □ Yes  □ No □ Yes  □ No □ Yes  □ No □ Yes  □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **NEUROLOGIC (COMPLETE ADJUDICATION)** | | |
| Hemorrhagic Stroke | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Ischemic Stroke | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Undetermined Stroke | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| TIA | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Intracranial Hemorrhage (other than hemorrhagic stroke | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| **BLEEDING (COMPLETE ADJUDICATION)** | | |
| Bleeding Event | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Vascular Complications | □ No □ Yes | \_\_\_\_/\_\_\_\_/\_\_\_\_ |