

**IV Thrombolytic Therapy Form****Was IV thrombolytic given?**

YES NO

☐ ☐**Last Known Neurologically Well**

Date \_\_\_\_\_ Time \_\_\_\_\_

**ED arrival date and time**

Date \_\_\_\_\_ Time \_\_\_\_\_

**Was Door to Needle  
time < 60 minutes?**

YES NO

☐ ☐**Time frame from stroke onset  
to TPA administration**

- ☐ 0 – 3 hours  
☐ > 3 hours < 4.5 hours  
☐ > 4.5 hours

**Alteplase dose date and time**

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**Reason IV Thrombolytic Therapy Delayed or Not Done****Reason IV thrombolytic not initiated (complete if IV thrombolytic not given)**

- ☐ No reason given or unable to determine  
☐ Arrived outside TPA window  
☐ Active bleed including head bleed  
☐ Patient/family refusal of TPA  
☐ Return to baseline/no new focal motor deficits noted  
☐ Patient is comfort measures only  
☐ Unable to lower BP despite aggressive treatment  
☐ TPA given at outside facility  
☐ Cardiac or respiratory arrest/required CPR/defib/intubation  
☐ Risk higher than benefit  
☐ Other: \_\_\_\_\_

**Reason 60 minute door to needle time not met (complete if DTN time exceeded 60 minutes)**

- ☐ No reason given or unable to determine  
☐ Discrepancy in last known well time  
☐ Patient/family initially refused TPA then recanted/reversed  
☐ Symptoms resolved but reappeared  
☐ BP requiring aggressive treatment to achieve goal  
☐ Unclear presentation requiring advanced imaging  
☐ Cardiac or respiratory arrest/required CPR/defib/intubation  
☐ Unable to obtain IV access after multiple attempts  
☐ Other: \_\_\_\_\_

**Reason for extending the initiation of IV thrombolytic to 3 to 4.5 hours (complete if IV thrombolytic therapy >3 hours <4.5 hours)**

- ☐ Patient arrived > 3 hours from onset of stroke  
☐ Treatment to lower blood pressure prior to initiation  
☐ Patient refusal was reversed prior to initiation  
☐ Cardiac or respiratory complications prior to initiation

\_\_\_\_\_  
MD SIGNATURE\_\_\_\_\_  
PHYSICIAN ID#\_\_\_\_\_  
DATE\_\_\_\_\_  
TIME