IV Thrombolytic Therapy Form

Was IV thrombolytic given?  Last Known Neurologically Well  ED arrival date and time
YES  NO  Date ________  Time _________  Date_________  Time________

Was Door to Needle time< 60 minutes?  Time frame from stroke onset to TPa administration  Alteplase dose date and time
YES  NO  0 – 3 hours
> 3 hours < 4.5 hours
> 4.5 hours

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