

NAME OF THE HOSPITAL: _____

13). Intra-Arterial Thrombolysis For Acute Ischemic Limbs: M15W1.18

1. Name of the Procedure: Intra-Arterial Thrombolysis For Acute Ischemic Limbs

2. Indications: Select indication which is applicable

Rutherford Category I: Viable Limb, No sensory or motor loss, audible arterial & venous Doppler signals/ Rutherford Category IIa: Threatened Marginal, Minimal sensory loss, no motor loss, arterial signals often inaudible, venous audible/ Rutherford Category IIb: Threatened Immediate, Rest pain and mild motor loss, arterial signals often inaudible, venous audible

3. Does the patient presented with pain & discolouration of limb, cold limb, gangrene:
Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- creatinine, Color Doppler /Peripheral Angiogram: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of sensory or motor loss of affected limb: Yes/No

For Eligibility for Intra-Arterial Thrombolysis For Acute Ischemic Limbs the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
