

NAME OF THE HOSPITAL: _____

26). Acute Stroke Thrombolysis With rTPA: M15W1.3

1. Name of the Procedure: Acute Stroke Thrombolysis With rTPA
2. Indications: Select indication which is applicable
Ischemic stroke with major vessel occlusion without large infarction on imaging/ Patient presents within window period (6-8 hours for anterior cerebral circulation & upto 24 hours for posterior cerebral circulation)/ Significant non improving neurodeficit
3. Does the patient presented with hemiparesis, aphasia, dyarthria, loss of consciousness, cranial nerve palsy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CT/ CT-perfusion/ MRI: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Renal insufficiency: Yes/No
 - b. Contrast allergy: Yes/No
 - c. Uncorrectable coagulopathy: Yes/No

For Eligibility for Acute Stroke Thrombolysis With rTPA the answer to question 5a, 5b & 5c must be No

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

Treating Doctor Signature with Stamp
