

NAME OF THE HOSPITAL: _____

33). Cortical Venous Sinus Thrombolysis: M15W1.5

1. Name of the Procedure: Cortical Venous Sinus Thrombolysis
2. Indications: Select indication which is applicable
Major venous sinus thrombosis without large hematoma/ Altered Sensorium (GC scale < 10)/ Refractory to anticoagulation with progressive disease
3. Does the patient presented with convulsion, severe headache, vomiting, loss of consciousness, neuro deficits, cranial nerve palsy: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- CT/ CT Angio/ MRI/ MR Angio, CBC, Creatinine, PT INR: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. Large venous hemorrhagic venous infarction: Yes/No
 - b. Renal insufficiency: Yes/No
 - c. Contrast Allergy: Yes/No
 - d. Uncorrectable coagulopathy: Yes/No

For Eligibility for Cortical Venous Sinus Thrombolysis the answer to question 5a, 5b, 5c & 5d must be No

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

Treating Doctor Signature with Stamp
