

NAME OF THE HOSPITAL: _____

10. Thrombolytic Therapy for Acute MI: M7T1.11

1. Name of the Procedure: Thrombolytic Therapy for Acute MI
2. Indications:
STEMI with onset & symptoms within 12 hours if PCI delay > 120 mins/ STEMI with onset & symptoms within 12-24 hours & ongoing ischemia/ ECG changes & PCI not possible
3. Did the patient present with S-T elevation myocardial infarction/ new onset LBBB/ Angina/ Angina equivalents – dyspnoea, syncope, palpitation, nausea/ Acute LV failure: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- ECG, cardiac biomarkers, 2 D Echo: Yes/No (Upload reports)
5. If the answer to question 4 is Yes then is there evidence of
 - a. Non S-T elevation myocardial infarction: Yes/No
 - b. Clinical evidence of Aortic dissection: Yes/No
 - c. Past history of ICH: Yes/No
 - d. Past history of ischemic stroke < 3 months: Yes/No
 - e. Active bleeding diathesis except menses: Yes/No
 - f. Cerebrovascular malformation: Yes/No
 - g. Close head/ facial trauma < 3 months: Yes/No

For Eligibility for Thrombolytic Therapy for Acute MI the answer to question 5a, 5b, 5c, 5d, 5e, 5f & 5g must be No

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

Treating Doctor Signature with Stamp
