

Thrombolytic Therapy for Ischemic Stroke Work Sheet

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signs and Symptoms of Stroke: \_\_\_\_\_

Blood Sugar: \_\_\_\_\_ Time: \_\_\_\_\_

Time: Last Seen Normal \_\_\_\_\_

Collaborative Information on time: \_\_\_\_\_

Witness:

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_  Has indicated availability.

Next of Kin:

Name: \_\_\_\_\_

Contact info: \_\_\_\_\_  Has indicated availability.

Inclusion Criteria

- \_\_\_ Age 18 years or older
- \_\_\_ Symptoms suggestive of ischemic stroke causing a measurable neurologic deficit
- \_\_\_ Arrival at Stroke Center within 210 minutes of time of onset (total time to therapy 270 minutes)

Exclusion Criteria

- \_\_\_ Only minor or rapidly improving stroke symptoms
- \_\_\_ Acute internal bleeding ((e.g. gastrointestinal or urinary bleeding within last 21 days)
- \_\_\_ Within 3 months of intracranial surgery, serious head trauma or previous stroke
- \_\_\_ Within 14 days of major surgery or previous trauma
- \_\_\_ Recent arterial puncture at noncompressible site
- \_\_\_ Lumbar puncture within 7 days
- \_\_\_ History of intracranial hemorrhage, arteriovenous malformation or aneurysm
- \_\_\_ Recent acute myocardial infarction
- \_\_\_ Repeated BP measurements of SBP greater that 185 or DBP greater than 110

Monitor Strip(attach here):

Name of Paramedic: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_