



JOINT REMOTE DECISION-MAKING CHECKLIST

To be used jointly by the Consultant on-call for stroke thrombolysis **and** Local Doctor

Patient's Name:			
Patient's date of birth:			
Consultant on-call for stroke thrombolysis: Consultant Name/GMC number			
Local referring doctor			
Time of symptom onset		Time of Admission	
Time of first call to consultant	Time of CT scan request	Actual time of CT scan	
The following must be cross-checked and signed off by both Consultant and Middle Grade Doctor			
Item to be cross-checked	Consultant	Local Doctor	
Satisfied (✓) Variance?			
Definite new diagnosis of acute stroke			
<4.5 hours of stroke onset time			
Inclusion/exclusion criteria met			
Initial NIHSS (<25)			
BP (<185/110 mmHg)			
CT scan findings (no blood, <1/3 MCA)			
Was further advice sought from Radiologist of the day (yes or no)			
Explained benefits/risks of thrombolysis to patient / relatives			
Patient (and or) family verbal consent			
Patient's weight + dosage calculation			
Consultant's decision to thrombolysed? (yes or no)			
If <u>not</u> for thrombolysis, state reason(s):			
Name of person prescribing Alteplase:	Time of bolus:		
HDU/CCU/ASU bed available			
Appointed person to do follow-up NIHSS			
Requested follow-up CT at 24 hours	Remind Local Doctor		
Local Doctor Name	Job Title:	Date	Time
Review case:	Yes	No	