



INFORMED CONSENT FOR rt-PA

I understand that the doctors believe I am having a stroke. A stroke is often caused by a blood clot that is blocking the blood flow to part of the brain. To fix this problem, a clot dissolving drug called tPA may be given. This treatment is approved and recommended for patients such as me who have a serious stroke and who come to the hospital early enough for treatment. The sooner I get this clot dissolving medicine, the better the chance that it may help me.

Risks: The risk of this clot dissolving medicine is that it can cause bleeding. The bleeding could occur anywhere but is most serious if bleeding occurs in the area of the stroke. If this happens, my stroke will almost certainly get worse and I could die. To try to avoid this possibility, a brain (“CT”) scan will be done or has already been done to try and see that the stroke has not had bleeding already. However, even if the brain (CT) scan does not show any bleeding, there is still a chance that bleeding could occur. Bleeding can also occur elsewhere in the body and can be serious or even fatal. However, attempts will be made to minimize this risk.

Possible benefits: Some patients have had dramatic improvement in their stroke with tPA (clot dissolving medicine) given early. Because of these successes, tPA is being increasingly used in situations such as mine.

Alternatives: I understand that I may choose not to have the clot dissolver. If I do not choose to receive the clot dissolver I understand that my medical needs will be treated accordingly. It cannot be known in advance whether I would do better or worse. I may have no benefit if I do or do not have the clot dissolver. Only time will tell the outcome of my stroke.

I have had the opportunity to ask questions, if I am able to talk. (If the patient is unable to provide consent the next of kin / family / legal guardian may choose.)

I Choose:

to receive the clot dissolver (tPA) _____
 Signature (patient or next of kin or family or guardian) Date Time

 Witness signature

NOT to receive the clot dissolver (tPA) _____
 Signature (patient or next of kin or family or guardian) Date Time

In the event patient cannot give consent and next of kin is not available, physician to sign:
 I certify that the patient could not give consent, next of kin or guardian was not available, and an attempt was made to contact the family. In view of the situation, I gave tPA because the patient met standard criteria for tPA and because time was of the essence to help this patient.

_____ _____ _____ _____
 Physician signature Witness signature Date Time