

ACUTE ISCHEMIC STROKE REPORT

Reporting period: _____

<p>COMMENTS:</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Current</p> <p>Previous Goal</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Current</p> <p>Previous Goal</p>	<p>COMMENTS:</p>
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ACUTE ISCHEMIC STROKE REPORT

Instructions for Use:

The *Acute Ischemic Stroke Report* is an editable document provided to help you communicate your institution's stroke metrics during a period of your choosing: monthly, biannually, yearly, etc. Note that all fields are editable and any metric of your choosing can be entered – one square has been filled in as example. Use the comments sections to point out observations for the specific reporting period and how you track compared to your goals. Once the form is filled in, it can be printed and posted or incorporated into presentations to report successes and promote change within your stroke team.

Although any metric relevant to your stroke institution should be tracked, also consider the following for all patients with an acute ischemic stroke (AIS) diagnosis:

- **Process measures** such as door-to-imaging or door-to-needle time
 - How quickly are patients treated with Activase® (alteplase) and are there opportunities to increase efficiency?
- **All AIS treatment rate**
 - Of *all* patients discharged with AIS, what percentage receives Activase?
- **Safety measures** such as symptomatic intracranial hemorrhage (sICH)
 - What is the percentage of patients with sICH?
- **Outcomes measures** such as the modified patient Rankin Scale (mRS) at discharge and 90 days
 - How have patients benefited from treatment?

For an example of an *Acute Ischemic Stroke Report* and additional information, please visit www.activase.com.

Indication

Activase® (alteplase) is indicated for the treatment of acute ischemic stroke (AIS). Exclude intracranial hemorrhage as the primary cause of stroke signs and symptoms prior to initiation of treatment. Initiate treatment as soon as possible but within 3 hours after symptom onset.

Important Safety Information

Contraindications

Do not administer Activase to treat acute ischemic stroke in the following situations in which the risk of bleeding is greater than the potential benefit: current intracranial hemorrhage (ICH); subarachnoid hemorrhage; active internal bleeding; recent (within 3 months) intracranial or intraspinal surgery or serious head trauma; presence of intracranial conditions that may increase the risk of bleeding; bleeding diathesis; and current severe uncontrolled hypertension.

Please see additional Important Safety Information on page 3 and full [Prescribing Information](#).

Important Safety Information (cont'd)

Warnings and Precautions

Bleeding

Activase can cause significant, sometimes fatal, internal or external bleeding, especially at arterial and venous puncture sites. Avoid intramuscular injections and trauma to the patient. Fatal cases of hemorrhage associated with traumatic intubation in patients administered Activase have been reported. Heparin, aspirin, or Activase may cause bleeding complications; therefore carefully monitor for bleeding. If serious bleeding occurs, terminate the Activase infusion.

Orolingual Angioedema

Monitor patients during and for several hours after infusion for orolingual angioedema. If angioedema develops, discontinue the Activase infusion and promptly institute appropriate therapy.

Cholesterol Embolization

Cholesterol embolism, sometimes fatal, has been reported rarely in patients treated with thrombolytic agents.

Please see full [Prescribing Information](#) for additional Important Safety Information.

Coagulation Tests May be Unreliable during Activase Therapy

Coagulation tests and/or measures of fibrinolytic activity may be unreliable during Activase therapy.

Adverse Reactions

The most frequent adverse reaction associated with Activase AIS therapy is bleeding.

Allergic-type reactions, e.g., anaphylactoid reaction, laryngeal edema, orolingual angioedema, rash, and urticaria have been reported.