The law in Washington State gives you the right and responsibility to make decisions about your health care. Doctors/ Providers can give you information and advice, but as a member of the healthcare team, you or your legal representative must be part of the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician or provider.

I hereby give permission to _____ **and such associates as my doctor/ provider may**
(Print Provider Name)

choose, to perform and/ or assist with part or all of my treatment at _____ **.**
(Name of Hospital)

The treatment planned for my condition(s) has (have) been explained to me by my doctor/provider. The treatment IS: Infusion of intravenous tissue plasminogen activator (t-PA) for the treatment of acute Ischemic Stroke.

The physician/ provider has discussed with me the reasons and anticipated **benefits** for this treatment, the probability of its success, available **alternative procedures, treatment or therapies including non-treatment,** potential problems related to recuperation and the possible consequences of not having this treatment.

Risks of Treatment: My doctor/ provider has explained to me, to the degree that I wish to have it discussed, the kind of treatment and what it will involve. I have been told about the known, serious risks and complications of this treatment. Any treatment involves some risks and hazards. The common risks include stroke, infection, nerve injury, heart attack, allergic reactions, respiratory failure, kidney failure, perforation, organ injury, vascular injury, tissue or limb loss, **bleeding, severe blood loss,** and risks of blood transfusions. These risks can be serious and possibly fatal. I have been made aware of detailed risks and consequences that are associated with this particular treatment.

I understand that my doctor/ provider may need to perform other urgent procedures or consult other physicians due to an unexpected circumstance during my procedure. I give my permission to the doctor to do so.

My doctor/ provider may also allow observers who are not going to be assisting him/ her with my treatment, including other doctors, students of healthcare programs and suppliers of medical device(s) to be used in my procedure(s). I give my permission to the doctor/ provider to do so.

My doctor/ provider has explained that blood or blood products may need to be used (also known as transfused). I have been told about side effects and risks, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as hepatitis and HIV/ AIDS, and other options for treatment such as anemia management, blood conservation, or not getting a transfusion.

_____ **I DO** consent to blood transfusion. My doctor has explained that blood or blood products may need
(Patient's Initials)

to be used emergently during a procedure. I have been told about the side effects and risks, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as hepatitis and HIV/ AIDS, and other options for treatment, such as anemia management, blood conservation, or not getting a transfusion.

_____ **I DO NOT** consent to blood transfusion. If refusing blood, patient must sign Consent for Non Blood
(Patient's Initials)

Medical Management.

597113

(02/10/15)

CHI Franciscan Health

CONSENT FOR ADMINISTRATION OF
IV TISSUE PLASMINOGEN ACTIVATOR t-PA

Patient Information

I have had sufficient opportunity to discuss my condition and treatment with my physician(s)/ provider(s) and all of my questions have been answered to my satisfaction. I believe I have been given enough information upon which to make an informed decision about undergoing the recommended treatment. I understand I should not sign this form until all my questions have been answered to my satisfaction. I understand all the words or terms on this form. I have read and fully understand this form and I voluntarily authorize and consent to this procedure or treatment. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the treatment. I understand that I am free to refuse any treatment and I hereby give my consent for the above treatment.

Check one below

- ❑ I give my consent for use of t-PA: the risks and benefits of receiving IV tPA (Tissue Plasminogen Activator) have been explained to me by my physician.
- ❑ **I DO NOT** give my consent for t-PA: The risk of not receiving IV tPA and alternative treatments have been explained to me by my physician.
- ❑ Implied Consent

Date: _____ Time: _____ (a.m. / p.m.) _____
Patient's Signature / Other Legal Representative

Witness _____ Relationship of Legally Responsible Person to Patient _____

PHYSICIAN / PROVIDER STATEMENT: I have explained the contents of this document to the patient / legal representative and have answered all the patient's questions, and to the best of my knowledge, I feel the patient has been adequately informed and has consented.

_____ _____ _____ (a.m. / p.m.)
(Physician / Provider Printed Name) (Physician Signature) (Date) (Time)

_____ _____ _____ (a.m. / p.m.)
(Physician / Provider Printed Name) (Physician Signature) (Date) (Time)

Name of Interpreter / Translator: (Print) _____ Agency: _____

CHI Franciscan Health

CONSENT FOR ADMINISTRATION OF
IV TISSUE PLASMINOGEN ACTIVATOR t-PA

597113 (02/10/15)

What is tPA?

IV tPA is considered the standard of care by the American Stroke Association for eligible patients.
tPA is a medication that dissolves blood clots. It is called a thrombolytic agent or more commonly referred to as the "clot buster." It is an intravenous (IV) medication usually given through a catheter inserted into a vein in the arm.

What type of a stroke is IV tPA used for?

IV tPA was approved by the FDA in 1996 to treat ischemic type strokes. About 8 out of 10 brain attacks/ strokes are ischemic. These types of strokes are most often caused by blood clots that block the flow of blood to the brain causing tissue death. tPA is given to help dissolve the clot quickly and restore the blood flow to the brain tissue. The other common type of brain attack is called a hemorrhagic stroke. This brain attack/ stroke is due to bleeding from a blood vessel into the brain. tPA is not used with this type of brain attack because it could increase the amount of bleeding and possibly cause more damage to the brain. A CT scan or MRI of the head is done to confirm there is no bleeding in the brain before tPA is given.

When is tPA used?

tPA has been approved to treat brain attacks in the first three hours following the onset of symptoms. If given promptly, 1 in 3 patients who receive tPA resolve their symptoms or have major improvement in their stroke symptoms. ***A recent large study showed that tPA remained beneficial even when it was given between 3 and 4.5 hours; in that study, 1 in 14 patients who received tPA resolved their symptoms fully.***

What are the risks of tPA?

Bleeding (hemorrhage), in the brain or in other parts of the body, is the most common risk that can occur. In 6 out of 100 patients ***treated within 3 hours,*** bleeding may occur into the brain and cause further injury. For 1 of these 6 patients it may cause death or long term serious disability. ***This risk was similar for patients who received tPA between 3 to 4.5 hours.***

Should everyone receive tPA therapy?

Unfortunately the answer is no. Persons who cannot be treated within 4.5 hours of their first symptom, patients with certain medical conditions, and patients with certain types of strokes will not qualify for this treatment.

Alternative Treatments:
Patients not eligible or choose not to receive IV tPA may be eligible for alternative treatment. Neuro interventional radiology offers minimally invasive procedures. A neuro-interventional radiologist will determine eligibility and discuss available treatment options. Conservative treatment options include, but are not limited to blood pressure management and antiplatelet therapy, such as aspirin, which your physician will discuss with you.

Adapted from

www.giveme5forstroke.com

tPA information sheet