



UNIVERSITY OF TENNESSEE MEMORIAL HOSPITAL  
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LABEL

**Consent Form for Use of IV t-PA in the Treatment of Acute Stroke**

Name: \_\_\_\_\_ MR#: \_\_\_\_\_ Encounter #: \_\_\_\_\_ Date: \_\_\_\_\_

You/your family member are/is experiencing signs and symptoms consistent with an acute stroke. A stroke occurs when blood flow within a blood vessel in the brain is interrupted. Some strokes are caused by blood clots forming in the blood vessels in the brain. Based on the results of the CT scan (special X-ray) and other tests just performed on you/your family member, it is believed that a blood clot is causing your/your family member's stroke symptoms.

A clinical study showed that patients given tissue plasminogen activator (t-PA), intravenously (IV), a blood clot dissolving drug, within 3 hours of experiencing stroke symptoms had better outcomes 3 months later than patients not given IV t-PA. The potential benefits of receiving IV t-PA are related to an increased chance of having little or no disability after recovery from the stroke. The results of the study showed that there is a 30% greater chance of a positive outcome if IV t-PA is given. Although the chance of a good outcome is improved, there is no guarantee and there are risks associated with IV t-PA. The major risk of IV t-PA therapy is bleeding in the brain, causing a worsening of condition or death. In the study, slightly more than 6 out of every 100 patients treated with IV t-PA experienced bleeding in the brain and nearly 3 of every 100 died as a result. For comparison, bleeding in the brain occurred in less than 1 out of every 100 patients who did not receive IV t-PA. IV t-PA can also cause bleeding elsewhere in the body. This bleeding can range from minor to severe in intensity. All efforts will be made to minimize the risk of bleeding from IV t-PA treatment.

Dr.(s) \_\_\_\_\_ has explained to me, in lay terms, the risks, benefits and alternatives to receiving IV t-PA to treat my/my family member's acute stroke. I understand that there are no guarantees regarding the outcome of IV t-PA treatment and that all medically appropriate treatment will be provided regardless of the response to IV t-PA. I have had an opportunity to ask Dr. (s) \_\_\_\_\_ questions and they have been answered to my satisfaction. I hereby willingly consent to Dr. (s) \_\_\_\_\_ and the University of Tennessee Medical Center proceeding with administering t-PA.

\_\_\_\_\_  
 Patient's or Representative/Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name/Relationship To Patient

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness' Signature

\_\_\_\_\_  
 Date