

**ACUTE ISCHEMIC STROKE TREATMENT GOAL:
DTN TIME WITHIN 60 MINUTES**

Last Known Well: Date: _____ Time: _____
 Weight: _____ (kg) Total Dose: _____ (mg) Bolus: _____ (mg)

		Clock Time	Time Intervals
Pre-Arrival notification:	Date: _____	Time: _____	- _____ (min)
Arrival (ED Registration):	Date: _____	Time: _____	0 _____ (min)
Acute Stroke Team Notification:		Time: _____	_____ (min)
Acute Stroke Team Bedside:		Time: _____	_____ (min)
CT/MRI Time (Scout Film Acquired):		Time: _____	_____ (min)
IV rt-PA Order* Time:		Time: _____	_____ (min)
IV rt-PA Time Given:		Time: _____	_____ (min)

Door to TPA time (goal ≤ 60 minutes): _____ minutes
Door to CT/MRI time (goal ≤ 25 minutes): _____ minutes
Door to Stroke Team Notification (goal ≤ 15 minutes): _____ minutes

* If IV rt-PA not given, select reason(s) for non-treatment. (See Get With The Guidelines coding instructions for definitions.)

