STEMI Thrombolytic Information Form

___________________________________________________ has explained to Name of Physician

me in a way that I understand:

1. The general treatment or procedure to be performed:
   Administration of thrombolytic medication (known as TNK) if indicated by established treatment guidelines in an attempt to dissolve the blood clot in the artery of the heart that is causing a heart attack, and a blood thinner to keep the blood vessel open.

2. There are risks to the procedure or treatment proposed:
   The primary risk is bleeding, in less than 1% of patients this be life threatening or even fatal.

3. The standard of care is for us to then immediately transfer patients to a cardiology center capable of angioplasty

My physician or other independent practitioner caring for me has also asked if I want a more detailed explanation.

☐ I am satisfied with the explanation and do not want anymore information.
☐ At my request, my physician or other independent practitioner caring for me has discussed with me in substantial detail, the procedure or treatment, viable alternatives and material risks. I am satisfied with the explanation and do not want anymore information.

Signature_________________________________ Date__________________