

**MISTIE**  
**Minimally Invasive Surgery Plus rt-PA for ICH Evacuation Phase III**  
**MOST RECENT INR MUST BE ≤ 1.4 AND PLATELETS > 100,000 TO DOSE**

Subject Number: \_\_\_ - 6 \_\_\_

Worksheet date 5 NOV 15

**Dosage Schedule**

No dose required (ICH reduced to ≤10ml with surgical aspiration only)

Scheduled Dose #	1	2	3	4	5	6	7	8	9	
Date										
Time										
Catheter #										
Time Catheter to drain bag clamped										
Time Catheter to drain bag unclamped										
ICP immediately before dose										
Systolic BP (before dose)										
Diastolic BP (before dose)										
Dose given by (name):										
Dose Administered by:	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify	<input type="checkbox"/> PI/Inv. <input type="checkbox"/> Attending <input type="checkbox"/> Resident <input type="checkbox"/> NP or PA <input type="checkbox"/> Other, specify
Volume of rt-PA administered	ml	ml	ml	ml	ml	ml	ml	ml	ml	
Volume of flush used	ml	ml	ml	ml	ml	ml	ml	ml	ml	
THE ICH CATHETER SHOULD REMAIN CLAMPED TO DRAIN BAG FOR 1 HOUR AFTER THE TIME THE DOSE WAS ADMINISTERED (NOT 1 HOUR AFTER THE TIME THE ICH CATHETER TO DRAIN BAG WAS CLAMPED)										
Systolic BP (before unclamping)										
Diastolic BP (before unclamping)										
ICP immediately before unclamping										
Was Catheter unclamped on schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason	<input type="checkbox"/> Yes <input type="checkbox"/> No, due to high ICP <input type="checkbox"/> No, due to AE <input type="checkbox"/> No, due to Protocol deviation <input type="checkbox"/> No, due to other reason
Was this the last dose? If yes, specify	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

- If yes, Specify**
- Gave maximum 9 doses without achieving ICH reduction to ≤ 10ml
  - After 1 to 9 doses, achieved endpoint (ICH reduction to ≤ 10ml)
  - After 1 to 9 doses, approaching endpoint, additional dose not warranted
  - Adverse event requiring premature discontinuation of dosing\*

\*List on AE form, create corresponding MEOI/SAE and check box: "Required discontinuation of dosing"

Worksheet completed by: \_\_\_\_\_